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ABSTRACT

All aspects of adolescent sexuality may be viewed as primarily sexual. The primary fact about adolescence is that the young person becomes capable of reproduction. Biological changes interact with psychological ones; the cognitive, motivational, social and emotional aspects are all directed toward becoming a sexual human being. In adolescence, personal relationships are particularly tenuous as young people move from immersion in the family and simple social systems toward greater independence, distinctive selfhood, and involvement in complex social systems. As adolescent sexuality is conceptualized in the framework of contemporary society, life goals for developing teenagers are far less clear than in the past, and the trend toward complete freedom of personal decision making is particularly difficult at this stage. (Author/PJC)

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Adolescent Sexuality in a Changing American Society

Social and Psychological Perspectives

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Preface

This report was written under contract with the Behavioral Sciences Branch, Center for Population Research, National Institute of Child Health and Human Development. Many people helped in its preparation. Of course, the largest share of appreciation goes to the researchers who have created the knowledge base about adolescent sexuality that we now have and to the thousands of young people who have cooperated as respondents in these studies.

One can hope that this vast array of scholarly efforts—and continuing ones—will make a useful contribution to our deeper understanding of young people and our support of policies, programs, and services that may enrich their lives.

CATHERINE S. CHILMAN

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Chapter 1

Introduction: Purposes, Methods, and Basic Concepts

PURPOSES

The major purposes of this publication are to encourage a comprehensive, humane understanding of adolescent sexuality and to stimulate needed research and enriched policies and programs for adolescents.

If we are to help adolescents realize their potential as whole human beings, then we need to help them integrate the biological, social, and psychological aspects of their sexuality into all aspects of their lives. We need to deal with adolescent sexuality in the context of whole, young human beings in interactions with their personal selves, their peers, their families of the past and of the future, and with all the institutions of the larger society. These are *people* we are talking about, not simply owners of ovaries and testicles, vaginas and penises.

Since a central purpose of this report is to achieve an admittedly difficult blend of the rational-scientific and the humanistic-individualistic and to encourage research and program efforts toward a broader than usual view of adolescents and their sexuality, an unusually wide-ranging effort has been made to bring together large bodies of research and theory as a guide to the perceived goal. Perhaps the goal is overly ambitious; in all probability a number of topics are inadequately developed, skimmed over too lightly. The sought-for integration of the numerous topics is incomplete. Nevertheless, it is hoped that the underlying concepts, as well as the specific subject matter, will be helpful and stimulating to policymakers and human service professionals, as well as to researchers.

Although the author has both a scientific and humanistic view of the subject, an attempt has been made to include all relevant research in this review in an unbiased fashion, as detailed below.

METHODS

This report consists of an analytic overview and summary of the available research related to the social and psychological aspects

of adolescent sexuality. It also includes a critique of the research, speculations about its meanings, and suggestions for needed future studies, as well as some implications of findings for programs and policies. Some major aspects of adolescent biological development are included because of their importance to an understanding of the topic; but only secondary sources were used for this subject.

Selective procedures were used in the presentation of studies in the main body of the report. Some of the studies, published articles, and books were judged to be so lacking in satisfactory research methods that their inclusion seemed inappropriate. However, most of these publications appear in the inclusive, briefly annotated bibliography. Those that are deemed methodologically satisfactory are indicated with an asterisk.

The report is divided into 10 major sections: an introduction and discussion of major concepts and procedures underlying this review; major studies reviewed and methodological problems commonly found in the research; a condensed summary of the chief aspects of biological, social, and psychological knowledge and theory concerning adolescent sexuality; a discussion of the central features of the society with which contemporary adolescents interact; sexual behaviors and attitudes of the developing adolescent; contraceptive attitudes and behaviors; illegitimacy among adolescents; adolescent abortion, teenage marriages, and childbearing within marriage; summary and conclusions, together with implications for further research, policies, and programs.

BASIC CONCEPTS

Adolescence

Adolescence is defined as that period of time in a person's life that stretches from the onset of puberty to young adulthood. Puberty refers to the first phase of adolescence when sexual maturation becomes evident. Entrance into young adulthood is less easily defined. For the purposes of this report, however, age 21 will be used.

Adolescence is often seen as consisting of two major stages. The first stretches from the onset of puberty to about ages 14 through 16; psychologically, it is characterized by the push for independence from parents and attempts to resolve conflicts between the continuing need for childish dependence and the desire for a separate identity. The second stage is marked by the search for a mature identity, the quest for a mate, and the exploration of different sets of values and of occupational and other life goals.

Throughout adolescence, sexuality is *the* major theme, a concept we will return to later.

HUMAN SEXUALITY

Human sexuality is often described as including the physical characteristics and capacities for specific sex behaviors, together with psychosocial learning, values, norms, and attitudes about these behaviors. This definition is broadened here to include a sense of gender identity and related concepts, behaviors, and attitudes about the self and others as masculine or feminine persons in the context of society. According to this definition, sexuality pervades virtually every aspect of the person's life. It is affected by the totality of what it means to be a male or female person; by one's past and present experiences and anticipations of the future; by one's stage of development and life situation; by one's physical-constitutional capacities and characteristics; and by the kind of society and period of time in which one lives.

This broad and complex view of human sexuality is adopted because it facilitates a more humane and dynamic understanding of males and females as they strive for growth and integration. Part of this understanding is the recognition that all specific sex behaviors affect, and are affected by, one's sense of gender identity and what it means to be a masculine or feminine person.

The past few centuries, particularly, have been characterized by a proliferation of specialized knowledge and resultant programs and policies. Specialization has brought with it an awesome blooming of information and enrichment of many, but not all, human lives. It has also brought with it a deeply disturbing fragmentation of the self and society.

Fragmentation has occurred in the field of sexuality as well as in other aspects of the human condition. Specialized knowledge has made magnificent contributions to our understandings of genetics, human reproduction, the childbirth process, birth control techniques, the nature of the human sex responses, specific aspects of human sex behavior, the formation of gender identity, and the sexual behavior of various species and of various human societies. Researchers in these fields are far too numerous to detail here.¹

¹ Among the outstanding ones in the social-psychological realm, we find: Kinsey, Pomeroy, and Martin, 1948; Kinsey, Pomeroy, Martin, and Gebhard, 1953; Rainwater and Weinstein, 1960; Rainwater, 1965; Mead, 1939; Money and Ehrhardt, 1972; Masters and Johnson, 1966, 1969; Reiss, 1967; Sherfey, 1966a; Ford and Beach, 1951; Kantner and Zelnik, 1972, 1973; Benedek, 1952.

Their contributions have been tremendously useful in helping people lead more rewarding, healthy lives.

However, these knowledge developments have tended to create an overly mechanistic, technical view of sexuality, focused on intercourse, reproduction, and contraception. This view often fails to include the needs and feelings of the whole masculine or feminine person in relationship to others and the larger society. Combined with other social trends, the new knowledge of and attitudes toward sexuality have played into the breakdown of previously held traditions and values that provided a certain amount of stability and wholeness to life for most people in many parts of the Western industrialized world.² Such stability and wholeness exacted a price that included repression and denial of sexual interests, limited sexual fulfillment, difficulties in controlling family size, and high rates of infant and maternal death. Now that this price can be sharply reduced, other costs are appearing. Broadly speaking, they involve a specialized, rational, value-free approach to human sexual behavior and functioning. Basically, this approach is largely genital—a complaint often raised by females concerning the male's conception of sexuality. Perhaps because females have a more complex reproductive function, women may be more likely to view sexuality in interpersonal, less genital-specific terms than men do—a concept to be explained in greater depth in chapter 3.

The dictum that some would give to people, including adolescents, "Have any sex experiences you want, but don't get pregnant or become infected with a venereal disease," is essentially dehumanizing. It implies that we don't care what happens to the psychological or social person as long as his or her physical problems do not burden society.

By attempting to remove reproductive outcomes, ignorance, and repressive moralizing from human sexuality, we have left it only partially human. To fully humanize sexuality we need to gain further knowledge about its meaning and effects for the social-psychological, as well as physical, person. We need to more fully recognize the power of sexuality for helping or hurting the human personality; we need to evolve new values, appropriate to our times, that provide the protection of constraints as well as the exhilaration of freedom for the guidance of males and females, especially for those who are young and therefore tender and easily hurt but somewhat less easily helped.

²This paper does not presume to comment on societies elsewhere; the major emphasis is on the United States.

The interpersonal aspects of sexuality require particularly serious consideration. Unlike other basic human functions—such as breathing, eating, sleeping, and eliminating—or less fundamental ones—such as working and playing—sexual behavior (aside from masturbation) inevitably involves an interpersonal relationship. It offers the maximum possible exposure of the self to another. This exposure can be intensely validating to one's sense of self-worth or, at the other end of the continuum, intensely destructive of that sense. In the writer's view, sexual relationships offer the potential of a unique and enormously valuable opportunity for a deeply intimate, loving, sharing partnership, which is linked to the most fundamental biological, social, and psychological aspects of life. It involves the individual's total life history: past and future. It is possible to engage in such a relationship in a constricted way, seeking only sensations and denying its multiple meanings. By doing so, one risks being dehumanized and alienated, alone with hidden vulnerabilities that become more sensitive because they have not been explored and shared with another trusted person.

Although males and females each have their special vulnerabilities and strengths and although sexuality has somewhat different meanings for each of them, research about adolescent sexuality and resultant policies and programs rarely consider both sexes and rarely take into account both their likenesses and differences. An overemphasis is placed on female needs and characteristics. An unfortunate aspect of this tendency is to underrate the importance and the responsibilities of males in sexual partnerships, to further threaten their sense of significance as sexual beings, and to underplay the importance of interpersonal partnerships between the two sexes. This lack of sufficient attention to males can create difficulties for any age group; it is particularly apt to do so for impressionable adolescents.

ADOLESCENT SEXUALITY

All aspects of adolescent sexuality may be viewed as primarily sexual, in the broader sense sketched above. The primary fact about adolescence is that the young person becomes capable of reproduction. This fact marks him or her as no longer being a child and as being launched on the way to adulthood. As frequently pointed out in the literature, adolescence is an invention of complex, industrial societies: societies that demand longer periods of growth and preparation for adult capacities required for self-support and management. Earlier onset of adolescence in recent times (for

example, it has been estimated that there has been a downward trend in age of menarche of about 4 months per decade since 1850, (Tanner, 1970) and the constraints imposed by society have created this special period of life.

It is customary to view this period as having biological, social, and psychological components; but these components are usually treated discretely by writers in the field, especially with respect to sexuality. Sexuality is not generally recognized as being the major basic concern of, and about, adolescents. However, an argument can be made that this is the case, albeit somewhat differently for females and males.

At the biological level, it is clear that the central feature of adolescent development is sexual. Males and females are being prepared for reproductive and parental functions. Aside from the specifically sexual aspects of this development, adolescents also are becoming larger and stronger so that they can carry out parental and other adult roles. Physically, males and females are becoming more differentiated in numerous ways, including their body contours and appearance. This differentiation creates tensions and attractions between them, at least in the context of our culture.

Biological changes, quite naturally, interact with psychological ones. Psychological changes have their cognitive, personal-emotional, and attitudinal-value aspects. Large bodies of research and theory concerning the psychology of adolescence lead in a bewildering variety of directions, with only limited views of the underlying sexual nature. However, if we recognize that the cognitive, motivational, social, and emotional aspects of adolescence are all basically directed toward becoming an adult and that human sexuality (importantly including its gender aspects) is a central feature of adulthood, then it becomes clear that the adolescent is primarily a sexual person pushing toward a full flowering of masculinity or femininity.

Young people develop their sexuality in response to their own unique personalities: their own temperament, feelings, and attitudes about the self and others; abilities and interests; fears and wishes; memories and goals. They bring the total experiences of their lives, especially experiences within their families, to the task of becoming mature women and men. They bring their capacities for and values about interpersonal relationships as males and females to their developing sexuality. These capacities and values, shaped by their family, neighborhood, school, and other community experiences during childhood, affect how they relate, and to whom they relate, as masculine or feminine persons during their adolescent years. As they seek their adult identity, they try different kinds of

relationships with people of both sexes who have a variety of social-psychological characteristics.

In adolescence, personal relationships are particularly variable and tenuous as young people move from immersion in the family and simple social systems toward greater independence, distinctive selfhood, and involvement in complex social systems. Although gaining and keeping self-assurance is difficult in many life stages, it is probably especially difficult at adolescence because young people are so much in the process of becoming separate individuals. They lack the support of intimate relations with others, who are accepting and acceptable and who can provide validation that they are valued, competent, uniquely significant masculine or feminine persons.

Adolescent sexuality is also shaped by sociocultural forces; by the overall values and norms of the larger society concerning adolescent sexuality, masculinity, and femininity; by the adolescent's particular place in that society as determined by the socioeconomic status of his/her parents and by the young person's race, ethnicity, and religion; by the particular community in which the individual lives and the cultural patterns of that special place; and by the social institutions that serve adolescents.

Development and expression of sexuality is also affected by the point in time in which one has grown up and is now living. For example, it is quite different to have reached adolescence in the 1950's, 1960's, or 1970's.

Clearly, economic conditions and employment opportunities for males and females also have a profound effect on the adolescent's sense of male or female identity, goals, values, and behaviors. Family formation and structure are affected by economic conditions in a number of obvious and not so obvious ways, as we shall see later. So, too, are attitudes of self-esteem and of the sexes toward each other.

Political and related conditions also affect adolescent sexuality in a number of spheres, including: conditions of war or peace; age requirements for voting, working, marriage; equal rights legislation; laws governing contraceptives, sterilization, abortion; domestic relations and child custody laws; laws and procedures and official attitudes toward various forms of deviant behavior; the structure and functioning of the police and court system vis-à-vis male and female youth.

As adolescent sexuality is conceptualized in the framework of contemporary society, it seems important to recognize that the life goals for developing teenagers are far less clear than they used to be. Not long ago, girls primarily prepared for marriage and parenthood; they protected their virginity because it was seen as important to

attracting a "good" husband and basic to being a respectable mother. If they also prepared for employment, they usually saw this as supplementary to their larger purpose. Boys, also, prepared for marriage and parenthood, primarily through acquiring occupational competence so they could support a family. Clear differences were seen between the sexes in traits, roles, and functions; gender identity was plainly mapped. Young people were fairly sure about where they were headed in the future.

Now the future is murky. Marriage and parenthood are not clearly defined goals. Sex roles, functions, and values are confused. Employment possibilities are tenuous. There is not even assurance that there is a future, as international tensions mount and as concern grows about overpopulation, air and water pollution, and the possible exhaustion of the world's natural resources.

Figure 1-1 is meant to show some of the major aspects of the biological, social, psychological, economic, and political forces that interact with each other to affect the development and behaviors of adolescent females and males. It is impossible to present this concept of dynamic interaction in the depth and detail it deserves. Social and psychological factors are given the heaviest emphasis in the following chapters because they are the chief concerns of this report.

LIMITATIONS

This report has a number of limitations. Secondary sources have been used for discussions of the following topics: physical aspects of adolescent sexuality; the social and psychological aspects of adolescent development in general (such as social, cognitive, moral, ego development); and current trends in society. There also has been no attempt to carry out an intensive review of programs that serve adolescents. Moreover, a number of books and articles that discuss adolescent sexuality have been read but are not discussed in the report because they did not meet the criteria of adequate research.

Primary sources have been reviewed and analyzed in depth with respect to the social and psychological aspects of sex behaviors of adolescents, use or nonuse of contraception and abortion, illegitimacy, and early marriage. This review has been limited to research concerning American teenagers. It also has been limited to research carried out since the 1920's. Admittedly, this approach results in a rather provincial and time-limited focus, but a more extensive review would have been an overly ambitious undertaking for this report.

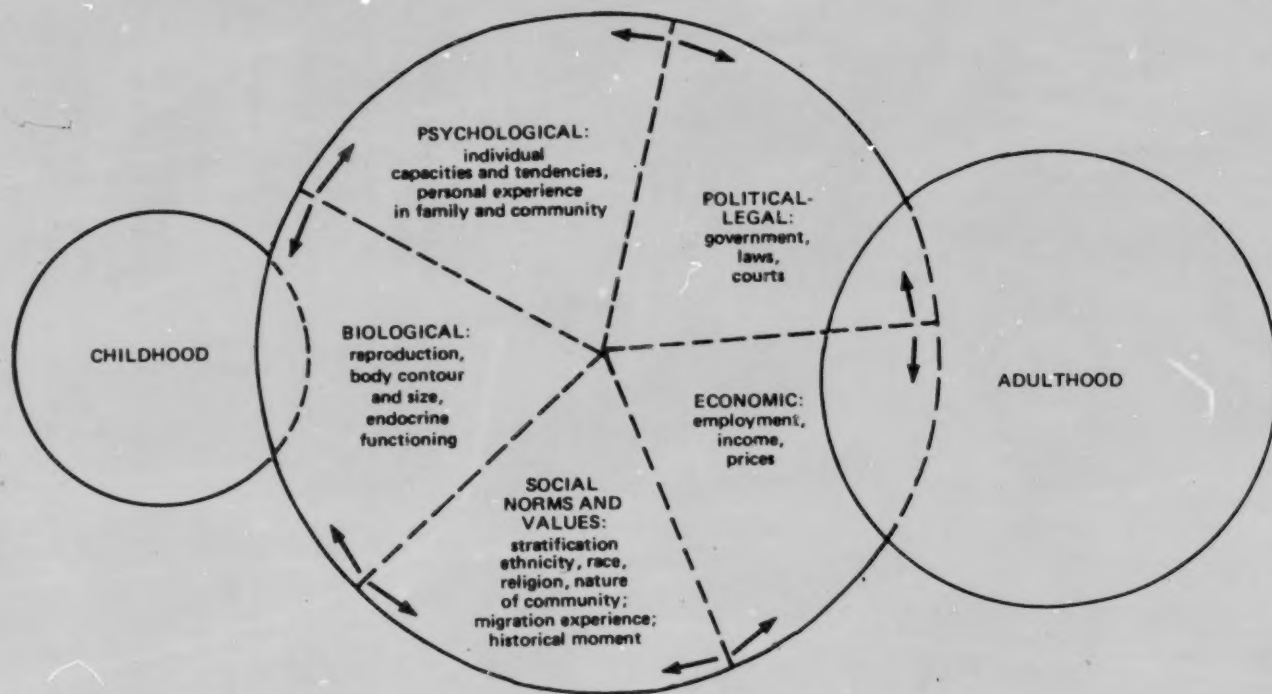


Figure 1-1.—Forces affecting development and behavior of adolescents as masculine or feminine persons.

The research methods used in the various studies reported here are not presented in intensive detail in the text. Most of the research in this field to date has been of a fairly elementary nature. Within recent years, since about 1972, more sophisticated research methodologies have been employed. Investigators who are interested in examining studies that used these more complex methods will wish to read the original studies themselves. (See summary of major studies in ch. 2.)

I, the writer, have a number of personal biases that affect the interpretation of the research that is reported. I have conscientiously tried to be objective in my summary and analysis of the research itself. My humanistic philosophy has already been stated briefly. Interpretations and comments concerning research findings are labeled as personal observations when such interpretations and comments are made.

Here are some of my major biases, as I see them. Personally, I have very much enjoyed being a woman. I feel that the most profound experiences of my life have been found through my close interpersonal relationships with my children, grandchildren, husband, extended family, and close men and women friends. I must admit I feel that it is impossible to know the intense fulfillment of motherhood without experiencing it. Although surely motherhood is not for all women, I sense that there is a strong biological need in most women for mothering and that this need, enhanced (at least until recently) by socialization, affects women deeply and pervasively in all aspects of their sexuality. I am disturbed that some women may deny themselves the fulfillment of motherhood without realizing what it might have meant to them. The general push for educational and occupational achievement tends to overvalue intellectual, status, and financial rewards. Important as these are, they seem cold and sterile to me in comparison with the intense emotional fulfillment that can accompany motherhood. I can feel a deep empathy for adolescent girls who put involvement with their mates and the desire for having a baby ahead of finishing school and getting a job. Irrational feelings of these kinds also impede my own efforts to be a "pure scientist."

I am also disturbed by current prescriptions that women (and men) should learn to manage their sexuality, that women should be able to gain control over their own bodies, that sexuality should be controlled through rational planning. I think that a management approach to sexuality not only dehumanizes it, but it also is fundamentally impossible without a denial of sensitivities that are the essence of what it means to be human. I am speaking of sensitivities to one's own feelings and those of others, such as love, grief, hurt,

rage, dependency, loneliness, jealousy, compassion, fear, protectiveness, intimacy. Better management of one's sexuality, improved techniques in sexual relationships, more effective control over reproduction and health are all desirable; but these technologies are most helpful when used with an equal recognition of the wonderful strengths and vulnerabilities of human personality, with an equal recognition that the fundamental purpose of living is to create new generations that carry on the human adventure in attempting to create a civilized society.

I must also confess that I am deeply disturbed by the current disorganization of our society and many of its prevalent values. An extreme emphasis on personal freedoms, individual self-expression, self-actualization, and refusal to accept frustration of personal goals or responsibility for others seems to deny the possibility of a human society. A true society cannot exist without concern for one's fellow human beings. It cannot exist without such values as self-control and responsibility toward others as well as for the self, without a generous commitment to the common welfare and to the well-being of those particularly in need of understanding and support—children and adolescents, among others.

Currently high rates of divorce, separation, cohabitation without marriage, and childbearing outside of marriage can be viewed tolerantly as new, "valid" lifestyles that allow desirable freedom of choice. But are not these freedoms also reflected in an apparent rise in the incidence of such symptoms of human distress as widespread psychological depression and attitudes of cynicism and distrust, child neglect and abuse (including sexual abuse), overuse of drugs and alcohol, and an increase in adolescent runaways? Are not these freedoms also reflected in the rising rates of crime (including rape), of adolescent suicide, of venereal diseases among young people?

As shown in latter parts of this report, more adolescents are engaging in premarital intercourse and at younger ages than was the case before about 1966 when, it appears, the whole society "fell apart." Prevalent youth attitudes—and those of other people—have increasingly embraced the concept that "any kind of sex is all right between consenting partners as long as no one gets hurt and that sex behavior is personal and private and has no relationship to morality." In essence, the word "morality" refers to the mores or agreed-upon norms and values of a society. A society disintegrates when there are no commonly held norms that provide limits, as well as freedoms, to human behavior. A society is not a society in which an individual decides for himself/herself what to do, without regard for the needs and feelings of others. Unless one takes

an impersonal, technical, uninvolved approach to sex relationships (in which case, I believe, they are dehumanized), these relationships cannot be guided by individual preferences alone. If they are guided solely by individual preference, someone (at least the partner) is likely to get hurt, in the psychological sense if not in other ways.

Complete freedom of personal decisionmaking is not easy to handle at any age. It seems as if it would be particularly difficult during adolescence because the young person is making the enormous shift from childhood to physical maturity. Changes within the self, plus exposure to an ever-widening world of tempting experiences, creates deep confusion for adolescents. According them complete freedom to decide how they will handle the difficult and sometimes overwhelming matter of interpersonal sex relations seems to be neglectful of them as human beings who must adjust to a complex society. Although it is important, it is not enough to be concerned about the possible physical effects of the sex behavior of adolescents and the possibility of pregnancy or venereal disease and other physical ills. It seems that there also should be concern about the effects of sex behavior on the social and psychological well-being of young people. This well-being can be assisted by providing birth prevention and other forms of medical services; but, I believe, there is a need for helping young people in many social and psychological ways, including value clarification about how and why they might control, as well as express, their own sexuality.

Value clarification for adolescents requires that adults first clarify their own values. My own values are not completely clear with respect to norms for adolescents or for adults other than myself. Obviously, my values are on the side of interpersonal sharing, commitment, and responsibility in a love-sex relationship. It is difficult to believe that most young adolescents have reached the stage of development when they can make and maintain such relationships. Yet we do not know whether early, less mature sexual liaisons will aid or inhibit the growth of young people toward later, more full relationships.

It seems that if adults (parents and others) are sensitively open to adolescents and are able to communicate freely with them, both young and old can learn together about the positive and negative aspects of adolescent sexual experiences. Together, perhaps, we can develop agreed-upon values that fit the conditions of contemporary society.

If we, as adults, believe that young people should set some limits on their sexual expression, should be both responsible and responsive, should be considerate of their partners as well as of

themselves, should be honest about their behaviors, then adults need to look first to themselves. Adult modeling of appropriate sex behaviors and of sensitive interpersonal relations is likely to have far more impact on the behavior of adolescents than any pronouncements that adults (including myself) may make on the subject.

Chapter 2

Major Studies Concerning Adolescent Sexuality and Some Methodological Limitations of Research in the Field

A brief review of some of the major studies to be discussed in later parts of this report is given here along with comments about methodological problems found in them and in much of the research about adolescent sexuality. Information and comments presented in this chapter should be kept in mind when these studies are referred to in later sections.

MAJOR STUDIES AND SURVEYS CONCERNING ADOLESCENT SEXUALITY

Studies with Large Samples

1. Kinsey, Alfred C., Pomeroy, W., and Martin, C. E. *Sexual Behavior in the Human Male*, 1948.
2. Kinsey, Alfred C., Pomeroy, W., Martin, C. E., and Gebhard, P. *Sexual Behavior in the Human Female*, 1953.

These are pioneering studies, following earlier and less extensive or intensive research. Most of the data were obtained during the 1930's and 1940's through interviews by Kinsey and carefully trained associates. Interviews were checked for reliability. Over 12,000 males and females were in the volunteer sample, which was largely obtained through a vast number of organized groups. The study had problems in sample selection, sample loss, and sample bias. The sample was mostly white, urban, Protestant, and from the Northeastern United States. Most of the women were college graduates; many lower class males were ex-convicts. The emphasis of the research was on the *physical* aspects of sex behavior, including masturbation; petting; premarital, marital, and extramarital sex; homosexuality; orgasmic response, etc. All of the data on adolescence were retrospectively obtained from adults. Respondents were compared by sex, age, and educational level.

3. Gebhard, P., Pomeroy, W., Martin, C. E., and Christensen, C. *Pregnancy, Birth and Abortion*, 1958.

Using Kinsey data, they provide valuable information about the sex behavior of both black and white females.

4. Ehrmann, Winston W. *Premarital Dating Behavior*, 1959.

A nonrandom sample of 1,000 college male and female students at the University of Florida was studied through written questionnaires and 100 interviews during the 1950's. The research emphasis was on sexual attitudes and levels of premarital sex expression from handholding through intercourse. The reliability of responses was apparently not checked. Little statistical analysis was carried out.

5. Christensen, Harold, 1958, 1962, 1963, 1966. Christensen, H. and Gregg, C., 1970. Five articles in professional journals. (See bibliography.)

The authors report on a series of studies, begun in the 1950's, of three different groups of college students: (a) from an Indiana university, (b) from a predominantly Mormon university in Utah, and (c) from a university in Denmark. The research primarily examined premarital sex behaviors and attitudes. Culturally derived differences between groups provided the major focus.

6. Reiss, Ira. *The Social Context of Premarital Sexual Permissiveness*, 1967.

Random samples were drawn from an all-white Virginia college, an all-black Virginia college, and an all-white and an all-black Virginia high school. Also, all students in a small liberal college in New York State (over 1,000 students) were included in the research as well as a national probability sample of adults.

Reiss developed and used two 12-item, Guttman-type scales that measured male and female sexual attitudes. Data on social class, age, sex, race, religion, family characteristics, and city size were gathered. Attitudes toward dating experiences, love conceptions, sexual behavior, guilt reactions, and perceived sexual attitudes of parents and friends were measured.

Attitudes toward premarital intimacies were ranked, with a range from very conservative to highly permissive. Differences between conservative and permissive groups were measured by the chi-square method of statistical analysis.

Analysis of intersocial class attitudinal differences was limited by combining lower-lower class with lower class, which are actually two different groups.

The study was based primarily on sociological concepts of the effects of demographic and cultural factors on attitudes. This

research represents a major advance in theory construction and methodology, growing from the researcher's extensive knowledge of previous studies.

7. Zelnik, M., and Kantner, J., 1972a,b,c, 1974, 1975, 1977. Kantner, J., and Zelnik, M., 1973. Journal articles and conference reports. (See bibliography. See also Shah, Zelnik, and Kantner.)

This is a 1971 study of a national probability sample of 4,600 females between the ages of 15 and 19, living at home or in college dormitories. Nearly all of the sample was reached, and parental permission was obtained for participation of the respondents in the study. The focus was on incidence and frequency of intercourse, pregnancy, and abortion, as well as contraceptive use and knowledge about reproduction. Demographic variables such as age, race, income and education of parents, family structure, place of birth and of current residence, and religion were considered in data analysis.

This study provides the best source of data concerning some aspects of adolescent female sex and contraceptive behavior. It is largely demographic and sociological in its approach and has little theoretical base. Psychological and attitudinal factors are largely missing. It is extremely unfortunate that males were not included in the study. Findings were originally presented in simple percentages, but more elaborate statistical analysis has been done in the past few years (1975-1976). A replication study by the researchers was completed and findings appeared in early 1977.

8. Simon, W., Berger, A., and Gagnon, J. Journal article, 1972. (See bibliography.)

This is a 1967 study of 1,200 college students, surveyed in different colleges, chosen to represent 85 percent of college students. The survey included items on virgin or nonvirgin status and demographic variables, plus questions about family intimacy and ties with parents, courtship behavior, the falling-in-love experience, and numbers of sex partners.

It is noteworthy that this study has the best college sample of any in this field and that it included questions about feelings, such as felt intimacy with parents and feelings of love for partner.

9. Sorensen, Robert. *Adolescent Sexuality in Contemporary America*, 1973.

This is a 1972 study of over 400 boys and girls of high school age. The sample was chosen to represent the country, but half of it was lost largely owing to parental objections. This creates a serious bias in the findings. Moreover, the questionnaire used lacked

scholarly sophistication, and findings are reported as if they could be generalized to the teenage population. Also, differences among groups are stated without any evidence of statistical analysis. Thus, findings should be considered with extreme caution.

Nevertheless, this is the only national study that includes adolescent males. Sorensen wisely divided his groups into those with no sex experience aside from kissing, those who were beginners (petting but not intercourse), and those who were nonvirgins. He also distinguished between those who had had multiple sex partners and those who had had only one or two. Questions about sex knowledge and interests, sex satisfaction, masturbatory and homosexual experience, relationships with parents and peers, and attitudes about sex and contraception help to make this study richer than most in that adolescents are considered as developing people. This research provides abundant clues for more rigorous investigations.

10. Hunt, Morton. *Sexual Behavior in the 1970's*, 1974.

Hunt reports on the 1972 *Playboy*-financed study of sex behavior. Respondents were all over the age of 18, and, thus, information about their earlier sex behavior is retrospective. It provides limited information about the contemporary adolescent under that age. This study is limited by poor sampling procedures and the use of the telephone for interviews, an 80-percent sample loss, and the use of a small group of younger volunteers who were willing to be interviewed personally. Questions were asked about attitudes and behaviors with respect to masturbation, homosexuality, and all aspects of heterosexual physical intimacies. Demographic characteristics were included as well as reactions to one's own sex behavior. People were compared largely by age groups.

11. Yankelovich, Daniel. *The New Morality: A Profile of American Youth in the 1970's*, 1974.

This 1973 survey is the fifth in a series of studies of the attitudes of American youth carried out by the author and his associates since 1967. It is ambitious in coverage of topics and furnishes trend data from 1969 to 1973.

Two samples were used for the 1973 structured interview survey. The first sample was drawn from a representative selection of 2-year and 4-year colleges and universities. It consisted of over 1,000 college students. The second sample of 2,516 noncollege respondents, ages 16-25, was based on a national probability

sample of all households in the country containing people of this age who were not in college.

Comparisons are made between blue-collar and college youth and men and women. Profiles are given of major attitudes of various subgroups including high school students and minority group members. Topics covered include attitudes toward personal and familial matters (including sex behavior, contraception, abortion, family size, marriage), the Government, religion, jobs, money, and social values.

This appears to be a competent survey and provides much useful information about youth attitudes and values nationwide.

12. Luckey, E., and Nass, G. Journal article, 1969. (See bibliography.)

This study was done in collaboration with Vance Packard and was the basis for his book, *The Sexual Wilderness*. It consisted of a survey regarding attitudes and behaviors in the area of sex roles and premarital intimacies of 2,230 male and female college students in five countries, including the United States. For this country, 21 representative colleges and universities were chosen, with 100 juniors and seniors from each school contacted. Two-thirds of the sample completed the questionnaires. Reliability of responses was not reported.

13. Vener, A., Stewart, C., and Hager, D., 1972. Vener, A., and Stewart, C., 1974. Journal articles. (See bibliography.)

A valuable (though atheoretical) set of two studies (1970 and 1973) that shows changes in sex behavior over a 3-year period among a largely white population of high school students in a non-metropolitan Michigan community (total number of about 1,000 in each year). Data are given about stages of intimacy from handholding through coitus, by specific age, in years. Results of tests of significant differences between groups are presented. Some social class data are provided.

Frequently Mentioned Important Studies with Smaller Samples

1. Udry, R., Bauman, K., and Morris, N. Journal article, 1975. (See bibliography.)

This is a study of samples of never-married women between the ages of 15 and 44 (both white and black) in low-income neighborhoods of 16 cities. Retrospective data are presented regarding levels of sex experience among cohorts of women by decade of

birth, 1920-50. Groups are compared by levels of education of respondents and of their fathers. The approach is largely sociological and atheoretical.

2. Jessor, S., and Jessor, R. Journal articles, 1975. (See bibliography.)

A 4-year longitudinal study of primarily white samples of high school and college students was carried out in Boulder, Colo. The research was based on Rotter's social learning theory. This theory seeks to identify directions and patterns that constitute a deviance proneness to engage in problem behavior, such as premarital coitus at a young age, drug and alcohol use, political activism, and delinquent acts. Questionnaires were given annually and measured a wide variety of perceived environmental and personality variables. The transition from virginity to nonvirginity was studied, together with associated variables. Attitudes and behaviors of parents were also assessed through interviews with mothers. Although problems arise with an almost 50 percent sample loss and a sample in an unusually liberal community, this study is marked by sophisticated theory, research design, and methods of statistical analysis. It appears to provide a good model, in its methodological aspects, for further social-psychological studies in this field.

3. Cvetkovich, G., and Grote, B. Conference papers, American Public Health Association Project, 1975. (See bibliography.)

This research uses a sample of "convenience" of white and black male and female adolescents from two Eastern cities and one Western town. Structured and unstructured interview data were obtained concerning sex and contraceptive behaviors. Questions also were asked about selected demographic characteristics as well as values, attitudes, and feelings about the self. Somewhat like the Jessor and Jessor study, this research has a social-psychological orientation, which is a relative rarity in systematic investigations in this field.

Sophisticated techniques of multivariate analysis were used to assess variables associated with premarital intercourse and contraceptive use.

4. Furstenberg, Frank, 1976.

This is a longitudinal interview study of select, nonrandom samples of a largely black group of low-income teenagers in Baltimore. One sample of pregnant girls was drawn from a special clinic

for adolescents. The other sample consisted of a group of nonpregnant classmates of the first group. The research was carried out over a 5-year period. It traces the life events of these young women: childbirth, marriage or nonmarriage, subsequent births, relationships to their families of origin and to mates, contraceptive use, further education, employment, income, childcare arrangements, parenthood behaviors, and developmental outcomes for children at age 3. This is one of three followup studies of early childbearing and covers the widest range of subjects of any investigation. The findings are rich and important but need to be viewed with caution, largely because of small sample size. The orientation is mainly sociological. The study includes an impressive analysis of many bodies of related research, as they pertain both to the questions asked and to the findings.

5. Presser, Harriet. Journal article, conference reports, 1974, 1975, 1976a. (See bibliography.)

Presser carried out a New York City interview study of a representative sample of 408 married and single mothers of first-born children. The sample included a group of teenagers. The research sought to test the hypothesis that socialization for female roles has a strong effect on contraceptive use as well as planned and anticipated family size. Three waves of interviews were carried out, a year apart.

The obtained data include information about relationships with parents, dating history, income, educational and employment behaviors of respondents, marriage and nonmarriage, sex knowledge, contraceptive use, and attitudes toward pregnancy and anticipated family size.

6. Luker, Kristin. *Taking Chances—Abortion and the Decision Not to Contracept*, 1975.

A 1973 in-depth interview study of over 500 young women abortion applicants was conducted in a Northern California abortion clinic. The study population was mostly white middle class. Luker theorizes that women take a largely rational, cost/benefits approach to contraceptive risk taking, weighing the costs and benefits of an unplanned pregnancy against those of contraceptive use. She challenges common psychiatric formulations that pregnancy risk takers have deep personality problems. The feelings, values, and attitudes of the women are explored, especially in the context of their interpersonal relationships with their partners. This study appears to offer remarkably valuable insights into the feminine

point of view about contraception and related matters. One of its methodological difficulties is that a comparison group of nonpregnant women was not studied.

7. Lindemann, Constance. *Birth Control and Unmarried Young Women*, 1974.

This is a report of interviews with 2,500 girls between the ages of 13 and 16. The nonrandom sample was reached through California high schools and clinics. Respondents were of many social class, racial, and ethnic backgrounds. Although this is a somewhat weak study methodologically, Lindemann proposes an interesting theory of stages of contraceptive use from that of "amateur" to "peer prescription" to the "expert stage," in which medical advice is sought.

8. Rosen, R., Martindale, L., and Grisdela, M. Conference paper, 1976. (See bibliography.)

This is an important Michigan study of a sample of over 2,000 women who sought help with problem pregnancies from clinics and social agencies throughout Michigan in 1974-75. The age range was from 12 to 49. One group chose abortions and another chose to complete their pregnancies. An anonymous self-administered questionnaire (tested for reliability) was used. It sought to assess (a) traditional female role concepts and (b) attitudes toward the self as a competent person. Contraceptive users (with distinctions concerning type of contraceptive used) were compared with nonusers and abortion choosers with those who did not select abortion.

Although this study has a problem in terms of studying only people with problem pregnancies, the sample is large and the theory and methods of questionnaire development and statistical analysis indicate an advance over much of the research in this field. Further reports from this research should be available in the near future.

9. Moore, K. A., and Caldwell, S. B. *Out-of-Wedlock Pregnancy and Childbearing*, 1977. Urban Institute, Washington, D.C.

The authors present a review of fertility trends and research concerning possible consequences and causes of illegitimacy. Through further analyses of (a) the Kantner and Zelnik data from their 1971 study of the sex behavior of females, ages 15-19, and (b) macrodata from the Aid to Families with Dependent Children (AFDC) programs during 1974 in the various States, Moore and Caldwell arrive at a number of policy-relevant findings. They conclude that "overall, these analyses provide no evidence that AFDC benefits serve as an economic incentive to childbearing outside of

marriage. On the other hand, they point to the impact of liberal family planning and abortion policies in reducing the incidence of out-of-wedlock childbearing (p. 2)" (Moore and Caldwell, 1977).

SOME GENERAL PROBLEMS WITH RESEARCH ABOUT ADOLESCENT SEXUALITY

In general, the topic of human sexuality has been difficult to study. It has been traditionally shrouded in secrecy and surrounded with prohibitions and resultant anxiety. Only in the past 30 years or so, since Kinsey's tradition-shattering research, has it been possible to study adult sex behaviors and attitudes in any extensive way. It has been difficult to finance studies about sexual topics and to attract serious, competent researchers to the field. Although difficulties still remain, they are not as oppressive as they were earlier. Nonetheless, serious problems still exist, especially when the subject is adolescence. A few large studies have been done on this topic in recent years, as shown above, more or less in spite of these problems.

The whole subject of childhood sexuality, from which adolescent sexuality springs, has hardly been touched, other than through clinical observations. Thus, adequate understanding of this subject will continue to be limited until more systematic research can be undertaken.

Specific difficulties in studies of adolescent sexual development, behaviors, and attitudes include problems in reaching adequate probability samples. It is generally felt that one cannot ask adolescents about their sexuality without gaining the permission of their parents, as well as of the young people themselves. Because conservative, sexually anxious parents tend to hesitate in giving their permission and some adolescents are also hesitant to participate in these studies, sample biases tend to result.

Because the great majority of adolescents are in schools, it would be helpful to researchers to reach respondents in these settings. However, most school officials, fearing objections from parents and the general public, feel they cannot give permission for such an undertaking. This is a major reason that so many of the studies have been carried out in colleges and universities, where young people are older and generally assumed to be relatively free of parental control. Research is inhibited, however, in a number of these settings, dependent on restrictions imposed on some of them by their administrators; constituency; and, on occasion, intervention of interested legislators when public funds are involved.

Concerns regarding research about adolescent sexuality are various. Some critics fear that asking young people about their

sexual interests, attitudes, and behaviors will stimulate their desires to become more sexually active than they are at present. Actually, there is no satisfactory research on this point. It seems unlikely, however, that interviews conducted by objective, nonjudgmental, trained researchers would create sexual desires or interests that were not already present. Young people, as well as older ones, receive stimulation for their developing sexuality throughout their life history, from their own bodies, their experiences within their families and with their peers, and from the mass media.

There probably is fear, on the part of some, about what researchers will learn and publish about adolescent sex behavior. Fear of knowledge about these realities tends to create problems for young people, their parents, and the larger society. Refusal to face facts places sexuality in the realm of secrecy and social unacceptability. It inhibits the development of young people who can integrate their sexual interests and feelings into their total lives, in the kinds of whole love-sex relationships discussed in chapter 1. It inhibits their growth toward wise and responsible decisionmaking about mate selection, marriage, and parenthood. It undermines their ability to communicate with their parents and human service professionals who, potentially, can give them the help they need as they seek to grow into successful, fulfilled adulthood.

Knowledge about adolescent sexuality has further value. Such knowledge provides information important to the establishment of needed programs and policies for better meeting the physical, emotional, and educational needs of young people and their families.

There is also concern that asking adolescents about their sexuality will prove to be upsetting to them. Most researchers in this field find that young people tend to be relieved when they are asked about these matters as it gives them an opportunity to express themselves on a subject that is important to them but which they generally cannot talk or write about in an objective, nonjudgmental situation. Researchers need to be sensitive to the diverse feelings young people may have about this subject. Safeguards can be provided in the assurance of complete confidentiality and anonymity; in the way neutral, nonthreatening questions are asked; in the provision that respondents may refuse to answer questions objectionable to them; in the sensitivity of the interviewer or questionnaire administrator to the reactions of the respondent; and in the help given young people who appear to need it in obtaining followup counseling or educational or other assistance.

In summary, research about adolescent sexuality can be eminently useful to young people, their families, and the larger society. More knowledge is seriously needed in this important area. It is

vital that such research be well designed and competently administered with built-in safeguards to protect the confidentiality of the information and the sensitivities of the youthful respondents. Adequate probability samples are essential to these studies; it is not possible to obtain such samples without the public and organizational support that makes this possible.

It is easy, in general, to criticize the methods used in much of the research about adolescent sexuality. These criticisms need to be made but are, in a sense, unjustified in many cases because of the attendant difficulties in conducting studies in this field. Nevertheless, the outstanding methodological problems found in much of this research are presented briefly below, as a caveat to the reader and with the hope that a discussion of them may improve future research.

SOME SPECIFIC METHODOLOGICAL WEAKNESSES IN THE RESEARCH

Little of the research in the field of adolescent sexuality starts with a coherent theory or, if it does, the theory is usually too narrow, such as "peer groups influence sex behavior." As sketched in chapter 1, all human behavior is affected by biological, social, and psychological variables. All of these need to be taken into account in the development of theory and research design. They either need to be controlled or considered simultaneously through multidiscipline research.

When looking for trend data, it is particularly useful to replicate studies at different points in time, as is true in some of the research about the incidence of premarital intercourse among young people (Bell and Chaskes, 1970; Vener and Stewart, 1974; Robinson, King, and Balswick, 1972). For example, Vener and Stewart studied the sex behavior of students in the same high schools in both 1970 and 1973, thus providing data about differences in behavior at two points in time.

Sample selection is obviously an essential consideration, as already mentioned. It is important but difficult to conduct more studies with national probability samples. One remedy to the difficulty of national studies is to carry out simultaneous projects in different parts of the country (as is currently occurring in one case: American Public Health Association) or to replicate studies, especially the better ones, in various kinds of cities and regions. In general, far too much of our knowledge about various aspects of adolescent sexuality derives from a few small studies in particular places.

Samples in far too many investigations include only females. The whole field of adolescent sex behavior, contraceptive use, abortion, and illegitimacy appears to be heavily affected by sexism on the part of the general public, professionals, and scientists in the various disciplines. Researchers, as well as others, are locked into age-old traditions that put the primary (often only) responsibility on females for the occurrence of sex behavior as well as pregnancy prevention and control, childbirth, and child care. Thus, they tend to overlook the study of males; yet we know that female sexual activity is highly dependent on male behaviors. Furthermore, exclusion of males from these studies tends to undermine the concept that sexual relationships between males and females are, at least ideally, fully participative and equal partnerships and that males as well as females have responsibility for their conduct and outcomes.

Very little is known about the sexual development, attitudes, and behaviors of black adolescent males, aside from a few anthropological studies in inner-city ghettos. There are almost no studies of either females or males from other minority groups, such as American Indians and Spanish-Americans.

Much of what is known about female sex behavior nationwide is derived from the Kantner and Zelnik study. Almost nothing is known nationwide about youth behavior (ages 19 to 21 or so). All of the behavioral studies of youth use college samples; noncollege youth have not been researched, aside from attitude studies (Reiss, 1967, and Yankelovich, 1974).

Samples often fail to clearly delineate the ages of adolescents. It makes a great difference whether the adolescent is 12, 13, 14, 15, and so on. Somewhat the same observation applies to youth because age 18 or 19 seems to be a turning point in heterosexual development and premarital coitus becomes increasingly normative after that age.

Samples are poorly defined with respect to social class membership in all of the studies encountered, even though a small body of primarily anthropological research shows that socioeconomic status (SES) has a strong effect on sexual attitudes and behaviors in the United States. None of the research reviewed adequately defined the SES of its subjects. If this was considered at all, subjects were classified as members of blue-collar or middle-class families. Much finer delineations are needed, such as lower-lower class, unskilled and semiskilled working class, skilled working class, and so on. More satisfactory social class indexes are needed that include education, occupation, and income of both parents. We need to consider the education and occupation of the mother as

well as the father because of the processes of identification of sons and daughters with both parents.

Because SES has different meanings in different parts of the country and values and norms pertaining to social class also vary, these factors should be examined and taken into account when social class indexes are used.

Race and socioeconomic level should be considered simultaneously because many characteristics that appear to be racial are at least as much a result of social status as they are of race. None of the research adequately handles this issue.

Because the sex behavior of white and black adolescents appears to be so different, the two races should always be considered separately, with concomitant consideration of social class, as mentioned above. There are many studies that fail in this respect.

Rural-urban and regional residence, together with migration experience, makes a difference in sex behavior; this, too, should be considered in sample selection and description and is a frequent oversight.

Because all of the above variables need to be considered in sample selection, samples either should be very large or purposive samples must be selected on the basis of the underlying theory and the questions to be asked.

Of course, due attention should be paid not only to issues of probability in sample selection but also to sample shrinkage. Although this seems elementary, the majority of studies reviewed had samples drawn from a few high school or college classes or from a few clinics. When sample shrinkage was mentioned in these and other investigations, it was often as high as 50 percent; yet this seemed to give the investigators little pause when they reported their results.

These reports more frequently than not use only numbers and percentages to present findings and proceed from there to talk about differences among groups. While this is not too disturbing with very large probability samples, it is unfortunate when only small samples are used.

Few studies use multiple regression or similar multivariate techniques in order to learn the contribution of a number of factors to the issue under consideration. More recently (1975, 1976) progress in this direction can be noted.

Many questionnaires have been constructed to inquire about the sex behavior, knowledge, and attitudes of adolescents and youth. So far as can be discerned, rarely do the investigators concern themselves about issues of reliability and validity. It also appears that they fail to build on the research of others and apparently

never use the same instrument. Clearly, this prevents the building of a more general body of knowledge. However, caution is indicated that we not prematurely use insufficiently validated instruments in preference to a creative search for a variety of measurement methods.

It is recommended that further research about adolescent sex behavior use many of the same items as those employed in the Kantner and Zelnik national studies of females, ages 15 to 19. Theirs is a careful, valuable study and could profitably be extended, with modifications, to younger adolescents, youth, and males at all stages of adolescent and youth development.

A number of the investigations seek to assess such personality variables as self-concept, self-esteem, passivity, aggression, anxiety, masculinity, femininity, cognition, impulsiveness, and so on. With few exceptions, they fail to use standardized psychological measures already available. This seems to be a deplorable state of affairs. One reason is that few psychologists have concerned themselves with this topic.

A variety of study types is indicated. Some types might well be interview and questionnaire surveys, such as those of Kantner and Zelnik. Others might be fairly formal, structured, and oriented toward testing a specific theory. We also need somewhat open-ended, in-depth clinical studies that use both intensive interviews and appropriate tests that seek to understand more about the adolescent as a whole human being who feels as well as thinks, values, and behaves. The Bardwick study of a small sample of sexually active university women is a model for this kind of research (Bardwick, 1973). Another model might be that of Keller, Sims, Henry, and Crawford (1970), in their study of the psychology of contraceptive behavior of low-income black couples.

Studies need to look at the interpersonal behavior of adolescent pairs, partly through interviewing them together. This also suggests observational and interview studies of adolescents in the family setting and with their peers, as in social events and in school. In general, more attention needs to be paid to the attitudes, feelings, and behavior of parents with respect to the sexual development of their children and adolescents. Parents should be asked about this as well as the young people themselves. The Jessor and Jessor research provides one model of this approach.

More longitudinal studies are greatly needed. The work of Jessor and Jessor (1975) is also valuable in this respect, as they are studying a group of males and females from the first year of high school and on through college, as the young people make the transition from "virginity to nonvirginity" (among other behaviors).

The many problems inherent in longitudinal studies are well known. The usual prescription for gathering retrospective data and carrying out cross-sectional studies also has generally recognized problems. However, well-designed research of this kind, although not as useful as longitudinal studies, should help provide useful information about the very incompletely understood but important topic of adolescent sexual development. Of course, retrospective data can tell nothing about the future. What effects do different kinds of attitudes and behaviors have on the future of adolescents as they move into adulthood? Aside from a few time-limited studies, such as those of Furstenburg, Presser, and Sauber, almost nothing is adequately known about this subject.

The literature is rife with impressionistic observations and informal clinical assessments of small, specialized groups such as patients in a home for unwed mothers. These studies compound problems of sample selection with those of assessment techniques. Investigations of these kinds are often noted in the bibliography of this report, but many are not included in the research review because of their methodological weaknesses. In general, understandings and attitudes about illegitimacy have been warped because only unwed mothers with problems have been known to human service agencies and studied in these agencies by clinically oriented professionals. More recent investigations of better samples of unwed mothers have helped to get a less biased view of this topic (Presser, 1975; Furstenberg, 1976). Few studies have included unwed fathers. This has proven to be an exceptionally difficult group to reach. Further efforts along these lines are sorely needed.

The whole field of the availability of contraceptives for teenagers, of legalized abortion, and of attitudes toward unmarried mothers has changed so greatly in the past 10 years or less that earlier research on these topics has historical interest but little direct application to the present 1977 scene.

Research about premarital coitus among teenagers has tended to focus exclusively on whether the person is or is not a virgin or to be concerned only with specific sex behaviors. More attention should be paid to such subjects as stages of physical intimacy prior to coitus, numbers and kinds of partners (such as casual or steady relationships), frequency of intercourse, and perceived levels of social-psychological and sexual satisfaction in these relationships.

Few of the studies adequately discriminate subgroups within the larger study population. For instance, it is one thing to be a young person who engages in sexual intimacies with one individual in a long-term, committed relationship and quite another to be a young person who has a number of casual affairs. Beyond this,

Careful inspection of data (rarely done) often reveals subgroups of respondents of quite different kinds with different personality characteristics, abilities, values, and goals. In a search for causes or consequences of their behaviors, findings about group averages can mask important within-group differences. Furstenberg's and Sorensen's studies reveal the great value of considering subgroups within a larger population (Furstenberg, 1976; Sorensen, 1973).

In general, many of the studies seem to be voyeuristic. Who does what, sexually, with whom, how, and when? Obviously, this is an unfortunately narrow view of sexuality and its many social and psychological as well as physical meanings. Another group of studies focuses on whether or not contraceptives are used, pregnancy occurs, abortion is selected, a child is born within or outside of marriage. While these topics are important, they impose severe limitations on the many meanings of sexuality. Not only are these views too narrow from a humane viewpoint, but they limit understanding about the causes and consequences of the behaviors mentioned above.

Almost none of the investigations seeks to learn the consequences of these behaviors in terms of the perceived life satisfactions and dissatisfactions they bring—the levels of human happiness and unhappiness. Almost no study asks about feelings of love, a highly prized youth value (Yankelovich, 1974). There is considerable agreement among a number of social and behavioral scientists that perceived life satisfactions are an important indicator of personal views of the social quality of life. For instance, close and satisfying family relationships have been found to contribute significantly to overall life satisfactions (Campbell, Converse, and Rodgers, 1976).

With few exceptions (Sorensen, 1973; Jessor and Jessor, 1975; Cvetkovich and Grote, 1976) almost none of the research takes a developmental view of adolescent sexuality in the context of the feelings of teenagers about themselves, their families, and their society. The studies mentioned provide a few clues for further research.

All in all, it appears that research about adolescent sexuality is still in an early and generally primitive stage of development. Advances can be noted, especially since 1970, but there is enormous room for further improvement. Now that the topic is far more open than it was in the recent past, one can hope for rapid progress in the future in terms of better theoretical conceptualization, adequate sample selection, better questionnaire construction, improved interviewing and testing techniques, and more sophisticated data analysis.

In part, this progress depends on more adequate funding from public and private sources. Expanded funding is necessary because adolescent sexuality is such an integral part of the physical and mental health and general well-being of young people at a highly impressionable stage of development and in a society that is undergoing such pervasive changes. Because sexual development during adolescence heavily affects the future of young people as they move into adulthood, the need for more research about this subject far outstrips interest in the adolescent years alone.

It is important that funding be available for a broader view of adolescent sexuality than for such narrow topics as specific sex behaviors, illegitimacy, contraceptive use, and abortion. When funding emphasizes these topics exclusively, it is little wonder that investigations also do. (See also ch. 11.)

Chapter 3

A Bio-Social-Psychological View of Adolescent Sexuality

SOME BIOLOGICAL ASPECTS OF ADOLESCENCE

Introduction

This chapter describes some of the major social and psychological theories regarding the development of adolescent sexuality. Knowledge about the chief aspects of the physical development of adolescents also is given here but with no attempt to review and analyze related research. Social and psychological research findings about the development of adolescent sexuality are reviewed in chapter 5.

Biological Determinants of Gender and Some Differences Between the Sexes

One pair of the 23 pairs of chromosomes in the cell that marks the beginning of a new human being contains the determinants of genetic sex. This pair is either an XX (female) or XY (male). The composition of this chromosome is determined by whether an X- or Y-carrying sperm of the father fertilized the ovum of the mother. For the first 6 weeks of life the embryo is sexually undifferentiated. At the end of that time, a male embryo begins to develop testicles; somewhat later the female embryo begins to develop ovaries packed with egg cells—the total supply for a lifetime.

The testicles soon manufacture sex hormones: first progesterone (the so-called pregnancy hormone); then androgen, the masculinizing hormone; and finally, estrogen, the feminizing hormone. Both males and females contain these hormones within their bodies but in different proportions. Testicles produce enough androgen to dominate the estrogen in the male, while ovaries produce enough estrogen to dominate the androgen in the female. Individuals differ in their exact amount of hormone mix and vary in this mixture at different points of their lives.

The female embryo does not need an "extra hormonal push" for sex development, as does the male. Without the action of the XY chromosome, development proceeds along female lines. The estrogens of the mother help support the prenatal development of the XX (female) embryo so that added female sex-determining push is not needed. As reported by Money and Tucker (1975), "Unless there is a sufficient push in the male direction, the fetus will take the female turn at any subsequent fork (of embryonic development). Whether there is a female push or not, nature's first choice is to make Eve. . . . Development as a male requires effective propulsion in the male direction at each critical stage (p. 73)."

The finding that "nature's first choice is to make Eve" is a stunning discovery, revising the age-old myth that she came from Adam's rib. In effect, males, rather than females, are derivative from the basic life form. This finding, together with trends in contemporary society, adds spark to the "sex role revolution" (Sherfey, 1966b).

But back to biology—males and females have basically similar physical structures; however, those related to reproduction evolve in different ways. This includes the genitalia, of course. One aspect of this differentiation is that the female clitoris is a "rudimentary penis" and has the same kind of sensitivity to stimulation.

Money and his associates have studied particularly chromosomal irregularities that create "sexual errors of the body" (Money, 1968; Money and Ehrhardt, 1972; Money, Hampson, and Hampson, 1955). These errors are not detailed here, aside from a few remarks. Such errors (which are rare) can cause problems in infertility or inadequate development of the genitalia. Research with people whose sex is in question at birth has lead Money and his colleagues to many important findings, including methods of hormonal, surgical, and psychotherapeutic intervention, as well as further insights into the processes of gender identity formation.

Inadequate supplies of androgen, or androgen insensitivity, can create serious developmental hazards for males. Females do not suffer in their early development from similar problems with respect to estrogen. However, a female may receive an oversupply of androgen. This overdose does not affect a female's internal structures, but it tends to masculinize the molding of the external genitalia. Some anomalies can be treated with surgery or hormones in early life.

These findings explain why males are generally more vulnerable than females to sexual differentiation errors at birth. This is one reason that there are higher miscarriage rates with male babies. Although males lead at conception at about 140 to 100, at birth 105 boy babies are born to 100 girl babies. By the time age 40 is

reached, the sexes are about equally divided; and by age 65 there are only 70 males to 100 females.

A word about people who are born with XXX or XYY chromosomes. In the female case (XXX) no problems seem to appear (except for rare cases of mental retardation); but males (XYY) tend to be slow to mature in self-regulation of behavior and to be especially impulsive in their reactions. They do not have a special tendency to become criminals, however, as was originally thought.

There is emerging evidence that sex hormones affect the developing brain. Research with animals shows, for example, that female monkeys who are injected with heavy doses of androgen in critical periods of their pregnancy bear female offspring who are more boisterous in their play and assertive in their mating behavior than other female monkeys.

Money and Ehrhardt have done intensive, long-range, followup studies on a group of girls who were prenatally androgenized in the 1950's by the synthetic progestins given to their mothers to prevent miscarriages. (This type of therapy has now been discontinued, owing to discovery of its effects.) The internal organs and hormonal functioning of these girls were not affected, but some were born with masculinized genitalia. This condition was corrected by early surgery. Although these girls have developed like normal females and have a clear sense of feminine identity, they do tend to behave like "tomboys," quite different from the control group of non-androgenized females to which they are matched. These "tomboys" prefer active rough games, prefer playing with boys, and have little interest in feminine toys or clothes. Although they hope to marry, they also plan active future careers.

In a similar vein, underandrogenized boys tend to be quieter than most boys and less interested in competitive sports but, as in the case of the girls, clear about their masculine identity. (See also ch. 5 regarding the apparently important effects of early passivity of males on their later sex activity.)

On the basis of his own research and that of others, Money postulates that hormonal differences between males and females create differences in the brain that lead to different levels of responsiveness to stimuli. Bardwick (1971) also summarized a number of animal research studies. She reported that there was emerging evidence that sex hormones seem to exert an action of the central nervous system during fetal or neonatal life to organize it into a male type or female type of brain. This affects predispositions to perceive and respond to stimuli (pp. 87, 88) (Bardwick, 1971). This viewpoint is also supported by Gagnon (1965). Females tend to respond more quickly to the nurturant needs of the young; and males respond to stimuli for dominant, active behavior. This is not to say that the

sexes behave in radically different ways. Males can and do respond to the needs of the young; females can and do respond to situations that call for activity and dominance. Strong stimuli are needed to elicit these "cross sex" behaviors. Once these behaviors occur, they tend to persist if they are reinforced and supported by the culture.

In part these findings are similar to those obtained by Maccoby and Jacklin in their 1974 exhaustive review of large bodies of related research. They conclude that, on the average, males are inherently more aggressive than females. They fail, however, to find firm evidence that human females are more likely to be nurturant in their behavior than males, though they do not conclude that this may *not* be true.

Moreover, Maccoby and Jacklin did not find differences between the sexes that previously had been proclaimed, either by popular assent or by some researchers who drew their conclusions from a small number of studies. According to Maccoby and Jacklin, aside from stronger masculine tendencies toward aggression, the only other trait that appears to clearly involve innate biological factors is that of the superior visual-spatial ability of the average male (p. 360) (Maccoby and Jacklin, 1974). However, Block (1976) raises cogent questions about the validity of many of Maccoby and Jacklin's conclusions. She points to numerous weaknesses in the research on which these conclusions are based. These weaknesses include: problems in statistical analysis, small sample size, inadequacy of basic theories and hypotheses, lack of specific research focused on sex differences, problems in research instruments used, and the overrepresentativeness of younger age groups in the research with no allowance made for differences that may emerge later as a result (at least in part) of maturational-biological changes. Block also points out that a number of important studies were omitted from the Maccoby and Jacklin review, and she takes issue with the ways in which some of the findings are interpreted.

As Block sees the evidence from the Maccoby and Jacklin review, she concludes, in part, that boys are inherently more dominant, active, impulsive, curious, and exploring than girls and that they have a more potent self-concept. She also concludes that girls are inherently more likely to express fear, are more susceptible to anxiety, are more lacking in self-confidence, seek more help and reassurance, maintain greater proximity to friends, and score higher on social desirability.

Of course, it is extremely difficult to learn to what extent observed differences between the sexes are biologically based and to what extent they are a product of socialization. As Money

points out, biological differences affect individual sensitivity to stimuli and, hence, the individual response to socialization experiences. Also, his research serves as a reminder that there are numerous biological individual differences and that findings about differences between the sexes refer to averages.

Other biological differences between the sexes are frequently overlooked by behavioral scientists in discussions of this topic. Brief reference was made in chapter 1 to the probable effect of the female's more complex reproductive system on her less genital-specific view of sexuality. Her view of sexuality tends to be dual, rather than unitary.

Dual female structures and functions are those of conception, pregnancy, childbirth, and breast-feeding, and the capacity for sexual response. Although contemporary values, necessities, and methods create the possibility of "reproduction-free" coitus, the differences in male and female structures remain. These differences probably have more pervasive effects than some "social learning is all" enthusiasts would have us think.

Although these effects largely may be ones of social learning, cultural norms are deeply linked to biological differences in the structures and functioning of the two sexes. For example, in coitus, the male enters the woman; he must have an erection to do so; he "loses" his seed to the woman (or the condom); unlike the woman he cannot "fake" an orgasm, and he is generally less able to have multiple orgasms.

Although current "expert" advice to females is that they, too, can and should be sexually aggressive and "take responsibility" for their own sexual fulfillment (Katchadourian and Lunde, 1975), the fact remains that coitus centrally involves aggressive male penetration and female receptivity. Fulfillment for the female depends more on the active behaviors of the male than vice versa. Partly because of differences in physical structure and partly because of differences in socialization, males tend to be more readily orgasmic than females. Intercourse for males almost always results in sexual climax; this is far less true for females. Moreover, the male is almost always physically stronger than the female and she is vulnerable to his strength. Then, too, if both partners are fertile, there is the continual possibility that the female can become pregnant.

The female is constantly reminded of her reproductive potentialities by the monthly menstrual flow, from puberty through menopause. This flow has negative connotations in almost all cultures. It is generally viewed as being unclean and, in some societies, dangerous or even a curse on women for their sexual sins of

being temptresses to men. The loss of blood is often associated with being wounded.

Most adolescent girls and older women have ambivalent views toward menstruation. It is seen as positive evidence that one is a mature, normal female who can become pregnant but isn't. It is also seen, at the minimum, as a nuisance which makes life more difficult for females than for males. Until recently the female could console herself about the adverse aspects of menstruation with the thought that this was a sign of fertility. Because she was socialized to believe that having children was a supreme accomplishment and the larger society put a high value on her reproductive abilities, she could feel proud of her own body and its potentialities. In one area, at least, she was clearly superior to men.

Although intercourse often gave little pleasure (and sometimes pain), although menstruation was unpleasant, and although pregnancy and childbirth had attendant burdens, her ability to create and give birth signified a unique and important accomplishment. For this, she usually won praise, protection, and support. Now that the population explosion and associated social changes have led to antinatalist attitudes in many sectors of society, the female can no longer assume that her reproductive capacities are of important value to herself and others. Menstruation can no longer be viewed calmly as a "small price to pay" for the eventual joys of motherhood.

Menstruation presents further difficulties for women. The energy and mood fluctuations, which tend to occur in response to endocrine changes during the menstrual cycle, often have profound effects on the female's sexual feelings, her levels of passivity and aggression, and her feelings of depression and life satisfactions (Bardwick, 1971). A full discussion of this topic is beyond the scope of this report. Suffice it to say that menstruation, along with antinatalist attitudes, is another factor that causes females to view their sexuality in more complex, ambivalent terms than males do.

It also is important to recognize that females are less likely than males to readily experience sexual arousal in the everyday course of their lives or to be easily aware of arousal when it occurs. Because the penis has an exterior position, it is naturally stimulated by clothing; and because of its obvious erectile capacities, the male is clearly aware of his arousal. The more interior position of the clitoris and its lack of ready visibility creates less frequent sexual stimulation of females and less overt recognition of sexual excitement. The greater tendency toward dual sexuality in women is further exemplified by a fundamental difference between the clitoris and the penis. The sole function of the clitoris is its sensitivity

to sexual stimulation. The penis, however, is both sensitive to stimulation and serves as a conduit for semen and sperm.

All in all, there are many reasons that females are more likely to view sexuality in dualistic, ambivalent, self-protective, and dependent terms than males. Males, on the other hand, are more likely to view sexuality in a pleasure-oriented, assertive, achieving, unitary, and less personal fashion.

These are subjects to which we will return later as we consider the development and behaviors of adolescent males and females as sexual persons.

Biological Development During Adolescence: Sexual Maturation

The first sign of impending sexual maturity in boys (at about age 12) is an increase in the rate of growth of the testes and scrotum, which is usually accompanied by the beginning growth of pubic hair. About a year later there is both an acceleration in growth of the penis and in body height. The first ejaculation generally occurs at about this time. A definite lowering of the voice occurs fairly late in puberty. It takes 2 or more years for boys to become adapted to the related vocal cord changes; and they are frequently embarrassed by resultant problems in their speech, often a subject of unfeeling, comic comment by others. There may be a slight enlargement of the breasts and increased nipple sensitivity for a short period (for about one-fourth of adolescent males). This well may cause anxiety and fear that feminine characteristics are developing.

These changes, as well as the "adolescent growth spurt," are triggered by marked increases in hormones released by the endocrine glands. This growth spurt usually occurs at about age 13 and continues for 2 to 3 years, with a slower rate of growth for several more years. Along with increased height and weight, there is a rapid gain in muscular strength, especially for boys.

Changes in body contour and facial features are too familiar to detail here. It is worth remarking, however, that growth is uneven and boys often have trouble coordinating their movements smoothly, another frequent source of embarrassment (Conger, 1973).

Skin problems related to both physical and psychological factors are common for both males and females in adolescence and another frequent source of anxiety about the self.

For girls, as for boys, endocrine shifts are responsible for the many physical changes that accompany puberty. However, on the

average, girls start to mature about 2 years earlier than boys do. The beginning elevation of the breast and the gradual appearance of pubic hair are usually the first signs of sexual maturity in girls. Growth of the uterus and vaginal canal and enlargement of the labia and clitoris appear at about the same time. Onset of menstruation (menarche) occurs fairly late in this sequence and usually after the peak of the overall growth spurt, which generally starts around age 11 for girls (Conger, 1973).

Menarche marks a definitive and probably mature stage of uterine development, but it does not usually signify the attainment of full reproductive function. The early menstrual cycles, which in some girls are more irregular than later ones, often occur without an ovum being shed (Tanner, 1970). There is frequently a period following menarche, which may last for a year to a year and a half, in which a girl is not yet physiologically capable of conception. Similarly, boys are able to have intercourse long before the emergence of live spermatozoa (Conger, 1973).

There are striking differences for boys and girls in their emergence into sexual maturity. The great majority of adolescent males have nocturnal emissions, often accompanied by erotic fantasies. Aside from anxiety and guilt some may have about these emissions, the experience is generally a pleasurable one—short in duration and surely not accompanied by pain or any sort of handicap. For girls, menstruation is the main symptom of their sexuality.

There is a wide variation within the sexes in rates of physical maturation. Girls generally reach menarche at any time between ages 10 and 17, with an average age of about 12.5. No such clear-cut sexual event occurs for males; but the peak of the male growth spurt is reached, on the average, at age 14, and voice change usually occurs around age 15.

Wide age ranges at which physical maturation may occur tend to arouse a good deal of anxiety among adolescents, especially if they are different from the average for their peer groups (Conger, 1973). These differences make it difficult to work with groups of young people between the ages of 11 and 14 or so because individuals within the groups are at such different stages of development. Among other considerations, these different stages have implications for difficulties in group sex education at this age.

From the viewpoint of the child, early sex development may cause poor synchronization of his or her overall development, as physical changes may be ahead of the cognitive, moral, and personality aspects of development.

The fact that girls tend to mature earlier than boys frequently sharpens conflicts between the sexes and creates particular

insecurities for those males whose socialization has lead them to believe that they should be stronger, bigger, and "sexier" than girls. A number of studies (too numerous to detail here) suggest that early maturing girls tend to suffer a social handicap at ages 11 or 12, but later these handicaps are reversed (Faust, 1960). Early maturing boys seem to have consistent social advantages, at least through high school (Clausen, 1975).

There is considerable argument as to whether a biologically determined "sex drive" exists. Gagnon and Simon (1973), for instance, hold that the desire for sexual gratification is largely learned and culturally determined. It seems more likely that the motivation for masturbation, "petting," intercourse, and other forms of sex expression (such as voyeurism and exhibitionism) have both biological and social bases, with endocrine factors as well as social learning playing an important part.

Kinsey's studies indicated that the male sex "drive" and orgasmic capacity rises rapidly with the onset of adolescence and reaches a peak at about age 16, with variations in related sex behaviors occurring in association with religiosity and educational and occupational levels of his subjects (Kinsey, Pomeroy, and Martin, 1948). The females studied by Kinsey reportedly experienced less specific sex needs, on the average, and perceived sex in more ambiguous and diffuse terms, with their orgasmic response being slower to develop and reaching its (average) peak at age 29 (Kinsey, Pomeroy, Martin, and Gebhard, 1953). It is quite possible that these differences between the sexes would be far less extreme today as a result of a sharp decline in the double standard and an increased recognition of the high potential of females for sexual response.

PSYCHOSOCIAL ASPECTS OF THE DEVELOPMENT OF ADOLESCENT SEXUALITY

Introduction

The topic of the psychosocial aspects of adolescent development is far too large to develop in any detail here. Rather, some general theories will be sketched briefly, with particular attention paid to their applications to adolescent sexuality. These theories include: the sociocultural, the developmental, the psychoanalytic, and the behavioral.

Although some scholars have seen adolescence as typically being a period of storm and stress, others believe that only a small proportion of adolescents find this a particularly difficult period (Offer and Offer, 1969).

There is fairly general agreement that adolescents do not become radically different people during their teen years; how smoothly they make the childhood-to-youth transition depends to a large extent on the processes of their earlier development and the life situation in which they find themselves at the time. Those who have had serious behavioral, emotional, learning, and health problems in childhood tend to continue to have difficulties that may be exacerbated by the stresses of these years; those who have had a more favorable development tend to go through this stage rather easily (Joint Commission on Mental Health of Children and Youth, 1972). However, as detailed in chapter 4, adolescent development and behavior is also heavily affected by the period of time in which the person is living (Dragastin and Elder, 1975).

Regardless of how stormy or smooth this transition period seems to be, it cannot be denied that adolescence is a period of extremely rapid physical growth and change. Inevitably, these developments have a strong effect on young people; inevitably, these developments call for adjustments within the self and on the part of families and other social reference groups.

As sketched in chapter 1, some theorists distinguish different characteristics of the early and late adolescent period. In reviewing the research, Gordon (1972) writes that during early adolescence the young person is caught between the pressure to achieve and the drive for acceptance by the peer group. Boys show an increasing deviation of energy to the instrumental area (achievement and independence) and girls to the expressive area of interpersonal skills. There is a drive for autonomy from parents and at least a surface conformity to peer group values. Douvan and Adelson (1966) found that early adolescent boys were concerned with working out problems of identity, eroticism, and autonomy (assertiveness and achievement), while girls were concerned with these issues in the interpersonal sphere (security, support, and acceptance).

Late adolescence is often viewed as a period when there is less conformity to the peer group and when dependencies on parents are more nearly resolved. Late adolescence is marked by a search for individual identity, a personal set of values, and a future mate with whom one can establish psychological, as well as physical, intimacy.

Sociocultural Influences on Adolescent Development

The individual's development is strongly affected by sociocultural factors. These include the social status of the person and his/her family, as well as the cultural patterns of the larger society

and the smaller reference groups to which the person belongs. Each individual reacts to socialization experiences in his/her individual fashion. Thus, although group tendencies are found, many idiosyncratic variations occur within the various social groups.

Society's definition and view of adolescence play a large part in the way this period is experienced by the young people themselves. If adolescents are viewed as rebellious, irresponsible, delinquency-prone, and problem-laden, this may become a self-fulfilling prophecy. If they are seen as essentially stable, attractive, idealistic, growing in competence, and full of future promise, this, too, has pervasive effects. Whether society be largely hostile or benign to the teenager, the fact remains that this is a period in which the young person is called on to "shape up." How he/she is getting along in school, in work, at home, and in the community is regarded much more seriously than in earlier years. As the time for full adulthood approaches, pressures grow for evidence of adult-like competency. Then, too, adolescents can get into much more serious trouble than younger children, partly because of their increasing size and strength and partly because of their maturing reproductive potential.

Thus, social attitudes toward the sexuality of young people become particularly important during adolescence. Until recently, concepts of sex as sinful and as a dangerous primitive drive that had to be kept under strict control (especially for girls) created large problems of repression, denial, anxiety, and secrecy for both young people and the persons considered responsible for them (parents, human service professionals, and religious leaders). These concepts still exist but are countered by others who see sex as healthy, natural, and relatively safe (now that contraceptives and abortions are available). (See also chs. 1 and 4.)

The extent to which social status makes a difference depends on the degree of social stratification in a society and its meaning to that society. Although American society is less stratified than most and earlier definitions of social class have wavered under the impact of recent socioeconomic upheavals in this country, social status still makes a difference in the person's total development and current life situation.

The effects of social status are also mediated by race, ethnicity, religion, and regional origins. All of these demographic characteristics tend to affect cultural values—values that affect the way people view themselves and are viewed by others.

Culture evolves from the life history and experiences of a group and constitutes the group's attempt (over the years) to adapt to its environment. Culture plays an important part in the way the

child is reared, from birth through adolescence and youth. The values, norms, beliefs, and expectancies of a group are intricately woven into all aspects of the developing person. They constitute many of the roots of personality; it is both difficult and sometimes dangerous to try to change them.

Culture affects all aspects of sexuality: attitudes and behaviors concerning gender identity, sexual expression, sex roles, mating, fertility control, and parenthood. Culture is most readily changed when the person's basic life situation is changed; when cultural leaders, with whom the individual can identify and wishes to identify, lead the way to new values and beliefs; and when the tools for change are made available.¹

However, the life situation for the various social class and racial groups has not changed as much as some suppose and as many desire. The distribution of national income for individuals and families has not changed for 25 years or more. About 15 percent or more of the population still lives in poverty. Although the median income of American families has risen, the cost of living has outpaced these increases for most people. A small number of minority-group people have experienced marked improvements in income, educational opportunities, and employment; but the majority still suffers disproportionately from poverty, unemployment, underemployment and, in general, access to "the good life" (Chilman, 1974; Rubin, 1976). (See also ch. 4.)

The social status of adolescents is largely determined by the educational, occupational, and income characteristics of their parents. Those who come from families near the top of the socioeconomic ladder are apt to view themselves and their world in relatively optimistic, positive terms. In times of social change, such families tend to be cultural innovators because they have a basic security that allows them the freedom to be nontraditional. This often applies to their sexual attitudes and behaviors as well as other aspects of their lives.

Persons near the middle of the socioeconomic structure (including white-collar workers and upwardly mobile skilled laborers) are often beset by anxieties lest they lose the security they have and lest they fail to achieve the upward mobility to which so many of

¹There is considerable disagreement, at present, as to how much difference social status makes in contemporary American society. Class lines and values are not nearly so sharply defined as they were in earlier generations. The whole culture experienced such an upheaval in the 1960's that the country is witnessing pervasive "cultural confusion." The mass media (especially television) reaches such an extensive audience that new ideas and beliefs are diffused much more rapidly than formerly.

them aspire. Less secure than those at higher levels and more hopeful than those at lower ones, they tend to be more conventional and conservative because they have so much that may be gained—so much that may be lost (Kohn, 1969). In the area of sexuality, for example, this middle group tends to be more cautious and traditional with respect to sexual freedoms and contraceptive risk taking than those either at the top of the social heap or near or at the bottom.

Members of the less upwardly mobile, blue-collar class and those in the lowest socioeconomic group are often alienated from society and its norms. Feeling little hope for the future and viewing society as essentially hostile and dangerous and themselves as powerless, they tend to react to the situation of the moment and take risks because they find life basically uncontrollable anyway (Chilman, 1966; Rubin, 1976; Komarovsky, 1964; Rainwater, 1970).

The culture largely determines how people are socialized for masculine and feminine sex roles. An enormous literature has developed on this topic in recent years. (For an excellent review of the subject, see Hochschild, 1973).

Sociologists have emphasized particularly the part played by socialization for sex roles in dating, marriage, family formation, and the like. For instance, if females are socialized to believe that their major function is childbearing, child care, and homemaking, then, quite naturally, they tend to feel these are their major life functions and seek to fulfill them. On the other hand, socialization for work and community roles outside the home and for roles shared with men tends to promote the desire for no or few children (Bernard, 1975). In a similar vein, socialization of males that emphasizes their functions as father-providers, or, in contrast, as role-sharing partners with employed women has a pronounced effect on the male's view of his life functions and goals.

Role socialization also affects attitudes toward sexual behaviors. Traditionally, more sexual freedom has been allowed to adolescent males because of the double standard of sex morality. This standard holds that males are "naturally sexy" and will "take what they can get." It is up to females to control the situation: There are two kinds of women: those who retain their virginity before marriage and are, therefore, pure, good, and lovable; and those who have premarital intercourse and are, therefore, to be sexually exploited but neither loved nor married. Although these attitudes are changing, they are still prevalent, especially among blue-collar and lower middle-class groups.

Role socialization varies by social class, religion, ethnicity, and race. In line with earlier comments, adolescents in the higher

social classes are more likely to be socialized in nontraditional ways for fairly equal roles and freedoms between the sexes and for considerable sharing of interests and functions, both within and outside the home. Blue-collar youth, more traditional in their early socialization, are changing rapidly in their expressed attitudes toward more equalitarian sex roles. On the other hand, as Rubin (1976) perceptively points out, expressed attitudes are one thing, but the attempt to change enough to *live* these attitudes and to accept them emotionally is quite another.

The topic of sex role socialization will be discussed at greater length in later chapters and will include an examination of racial and other factors that affect the sex behavior and values of adolescent males and females.

Psychological Development

The development point of view of adolescent psychology is variously interpreted. A now somewhat outmoded concept is that children and adolescents go through more or less "natural" developmental stages, prompted in large part by the gradual flowering of physical and intellectual abilities and mediated to a lesser extent by the social environment. Various kinds of behavior are seen as something children grow into and out of depending on their stage of growth (Gesell, Ilg, and Ames, 1956). Of late, more emphasis has been placed on environmental influences, sometimes to the neglect of those having to do with "natural" maturation. For instance, as we have seen, the behavior of an adolescent is strongly affected by his or her particular stage of physical growth. Nevertheless, as children move from infancy into childhood and adolescence, they are affected more and more by their life experiences and less and less by physical growth factors.

The stages or phases of child and adolescent development are also viewed somewhat differently by different theorists. These theorists tend to specialize in a particular aspect of development: social, cognitive, moral, or personality (including self-concept or ego). As a result there is an unfortunate tendency for both research and programs to overlook the "whole" developing person.

Studies of social development of adolescents show that young people experience a broadening of social contacts as they move into junior high and high school. Cliques—small groups of intimate friends—are important. These tend to be single sex groups in early adolescence and become heterosexual in the later stages, although many teenagers belong to both kinds of groups. For girls, particularly, there is a tendency to form cliques around sharply defined

social class, racial, and "popularity" lines. In late adolescence, groups become less important, as people begin to form more permanent couple relationships.

Intense, intimate same-sex friendships are typical among most adolescents, especially girls. In early adolescence these are more apt to be based on shared activities. During the midteen years they take on a more deeply interpersonal aspect, again especially for girls. Later these friendships tend to be replaced by close heterosexual attachments. The push of the boy for autonomy tends to make his friendships more diffuse, whereas the girl's sharing, dependent, and nurturant orientation tends to create deeper relationships with friends.

The emphasis on same-sex cliques and friends during early adolescence stems from the need to break free of the family but to form affectional ties with peers who are partners in the perilous quest for independence. Establishing a sense of gender identity, learning about one's sex roles, and developing competence in interpersonal relations are all facilitated by close associations with one's own sex prior to the more risky venture of forming close heterosexual ties (Conger, 1973). (See also ch. 6.)

The adolescent "crush" on an older person is also common. This "crush" can be on a person of the same or opposite sex. It is often experienced as "falling in love" and may take on an intense meaning for the adolescent. The object of the adolescent's affections may serve partially as a substitute parent, partially as an ego ideal, and partially as a fantasied love-sex object. Such attachments usually become less salient in later adolescence as the young person achieves greater self-reliance.

Intelligence and cognition are related to adolescent sexuality in understanding and dealing with one's own sexual capacities and behaviors; in developing verbal, interpersonal communication skills; and in the capacity to perform effectively in school, work, and society. All of these are essential to the eventual formation of stable, secure, mate and parent-child relationships. Higher levels of intelligence and cognitive development bring greater ability to grasp and deal with abstract principles and concepts; to handle complex situations with flexibility, adaptability, and speed of response; to see the relationships between ideas and events. Such abilities increase throughout childhood, but adolescence is generally the time at which the higher levels of cognitive development—formal operations—are reached, although there are marked variations between individuals in this regard (Piaget, 1972). The most basic aspect of formal operations is the ability to move one's thinking from the real to the possible, to hypothesize a number of possibilities, and

through logical thinking deduce what potential outcomes are likely.

Formal operations most fundamentally involve propositional thinking. Not all adolescents arrive at this state, either because of their limited abilities or the cultural norms of their reference groups. More gifted youngsters tend to arrive at this stage by ages 12 to 14; those with lower measured intelligence, by 14 through 16 (Conger, 1973).

Adelson, in a study of the development of adolescent ideology, concludes that childish perceptions, which are concrete and narrow, are swept away as the child advances through adolescence. "He is ever more able to transcend the sheer particularity of an act, to place behavior within a web of circumstances . . . by expanding and commanding time, linking past to present and present to future; the act has a history and its effects extend forward in time (p. 67)" (Adelson, 1975). "The young adolescent is locked into the present. His view of the future is constricted: he may grasp the effect of today on tomorrow, but not on the day after tomorrow (p. 68)." Hence, it seems that young (and intellectually limited) adolescents would be unlikely to grasp the future significance of giving birth to a child during their teen years, either within or outside of marriage. Another relevant finding reported by Adelson is that younger adolescents rarely reason logically in cost/benefit terms regarding a course of action; they are more likely to make a choice arbitrarily, based largely on impulse. They also tend toward simplistic idealism and move toward greater pragmatism and realism as they become older.

Adolescent thought patterns tend to be egocentric (Cvetkovich and Grote, 1975). Adolescents often fail to differentiate self-concerns from the concerns of others. They also tend to see themselves as unique (Elkind, 1967). Cvetkovich and Grote suggest that effective overdifferentiation is often manifested in the form of personal fable. For instance, many adolescents evidently believe that they are immune to death. Elkind (1966) reports that adolescents often believe that they have a special relationship with God. In this relationship they look to God for guidance and support as one would to a personal confidant. Keeping personal diaries, a widespread practice among adolescents, also reflects a personal fable. Such journals are often kept with the express belief that their contents will have universal significance to posterity.

Elkind has concluded that egocentrism diminishes by the time adolescents are 15-16 years old. As they begin to apply the operations of formal logic to themselves (that is, to think about themselves objectively), first the imaginary audience and then the

personal fable begin to recede as important considerations. The imaginary audience is the adolescents' anticipation of how others will react to them. As they test against reality the hypothesis they have about others' reactions, they gradually learn to distinguish the difference between their own preoccupations and the concerns of others.

The personal fable probably lasts longer than does the imaginary audience. Elkind in fact suggests that it may never entirely disappear. He states that the personal fable is reduced by the establishment of close relationships with others.

Flavell (1963) conceptualizes the reduction of egocentrism in similar terms:

Social interaction is the principal liberating factor, particularly social interaction with peers. In the course of his contacts (and especially his conflicts and arguments) with other children, the child increasingly finds himself forced to reexamine his own precepts and concepts in the light of those of others and by so doing gradually rids himself of cognitive egocentrism (p. 279).

Although the concept of egocentrism is tied to cognitive development by some theorists, it is seen in more psychodynamic terms by others (pp. 78, 79). Clearly, self-centeredness and perceptions of special immunity are more than a matter of intellectual perception. They also have to do with personality development and the emotional, narcissistic preoccupation of many teenagers, especially in the early stage of adolescent development.

Moral development is closely linked to cognitive development. This development also has large implications for sex-related values and behaviors. Moral development, like cognitive development, proceeds by sequential stages from simplistic, present-oriented concepts of concrete rights and wrongs to more abstract, complex principles. According to the research of Kohlberg (often criticized for its small samples and subjective methods of measurement), the formal operation stages of moral development, often starting at about age 12, include these steps: orientation of interpersonal mutuality (I'll help you; you help me—or the sexual giving in order to get, which is proposed by Masters and Johnson (1969) as a path to sexual fulfillment); maintenance of social order through fixed rules and authority and through several stages to the eventual highest order of stage six—an orientation toward universal ethical principles chosen by the individual as having personal meaning rather than a mere adjustment to convention.

At more childish levels of moral development, Kohlberg proposed stage 0: The good is what I want and like (quite similar to a current proposed sex-related value—"if it feels good, do it"). Stage one is a

punishment-obedience orientation—you're wrong if you get caught (or, perhaps, premarital coitus is all right so long as you don't get pregnant or a venereal disease). Stage three is instrumental hedonism and concrete reciprocity—also somewhat similar to the Masters-Johnson formulation or, on a more concrete level, "What can I gain from having sex with him/her?"

It is likely that relatively few adolescents (or even adults) proceed to stage six, which requires an individual search for moral and ethical principles to which the individual can subscribe and to which he/she can hold in spite of pressures for opportunistic or conventional behavior (Kohlberg, 1964).

In the current period of general upheaval in moral values, it seems likely that adolescents would have an especially difficult time in defining even conventional values, let alone arriving at universal principles to which they can personally subscribe. Kohlberg and Gilligan (1972) take a pessimistic view of current youth values. They report findings from their research and that of others concerning shifts that have been observed in moral development of adolescents, between the early 1960's and 1970's. In the early 1960's a small group of college students entered a stage of moral nihilism and relativism; this was seen by them as a shift from conventional to principled morality and as part of an identity crisis in freeing the self from childhood moral expectations and guilt. By the early 1970's the large proportion of youth, perhaps the majority, had adopted this position. Starting as a "moral revolution" as part of the counterculture, it had now become a conventional position, with "a cultural industry" purveying it.

Kohlberg goes on to say that the adult culture has little to offset the counterculture. The conditions of society create little need for adolescents, and there is a "vested interest in keeping them out of the economy. As moral counterculture, the new culture differs from the conventional one in its extreme relativism and consequent fluidity, not in any positive forms of moral thought different from the conventional . . . what is new is the creation of a questioning culture providing half-answers to which adolescents are exposed prior to their own spontaneous questioning (p. 174)" (Kohlberg and Gilligan, 1972).

Personality Development

According to psychoanalytic and related theories, personality development includes a gradual growth from complete dependency, narcissism, impulsivity, and feelings of omnipotence of the infant

through increasing independence, social awareness, abilities for self-control, and reality perceptions of the older child. Successful growth in this direction depends, in large part, on the experience of the child within the family and in other social relationships, including the school.

The psychosexual development of the person, in the classical psychoanalytic tradition, begins in the earliest month of life. The first 5 years of a child's experience determines his or her sexual "fate." The chief issue for both sexes is satisfactory progress through the oral and anal stages of development towards the "shining goal" of genital development.

It is held that satisfactory adjustment to the genital stage requires resolution of the Oedipal conflict for boys and the Electra conflict for girls. Boys and girls originally fall in love with their mothers and are sexually attracted to them. This creates a special problem for boys who must face the fantasied jealous wrath of their fathers. Imagined paternal resentment creates fear of castration in the rival son. Boys thus acquire castration fears and, if all goes well, solve this problem by allying themselves with their powerful fathers and giving up the goal of mother as a sex-love object. Being identified with their fathers, they then seek to someday attract women like their mothers. But this process does not free the male from conflicts. The incest taboo, along with fears of the father, may make it difficult in later life to have sex relations with the loved wife-mother.

Boys who do not manage resolution of the Oedipal conflict (especially difficult if father is out of the home, either physically or psychologically) and fail to achieve an identification with their fathers are apt to either identify with their mothers (hence becoming effeminate) or to be perpetually attracted to their mothers sexually but guilty about this attraction because of incest prohibitions. Such males, supposedly, have an especially difficult time in later life in forming close love-sex relationships with other women. They may tend to doubt their own virility and become Don Juans in a perpetual search for sexual conquests that confirm their masculinity but that are quickly terminated because of the guilt involved.

Psychosexual development is also far from easy for girls—some say easier, some say harder for them. Theoretically, girls fall in love with their fathers at about age 3 and also desire them sexually. Then they must cope with the jealous resentments of their mothers as well as the stringencies of the incest taboo. The impasse is resolved by identification with mother and giving up father as a sex-love object for the later pleasures of marrying a man like father. As in the case of boys, this solution may not work for the girl either be-

cause in later life it will be difficult for her to feel sexually free with the father-husband. The double standard concept may make women fear that they will not be lovable, adequate wives if they are sexually free; in this case they will become unworthy of love and marriage. These conflicts supposedly lead to "prostitution anxiety" and frigidity in many women.

Freud has won indignant reactions from today's liberated women through his "penis envy" theory. According to Freud, females resent their gender because they feel that their genital equipment is inferior to that of the male. The little girl, upon seeing the male penis, feels cheated and thereafter longs to have one, too. (This does seem to be a spectacular example of male chauvinism.) Freud and his followers further theorized that, in order to make an adequate adjustment to life, the girl needs to give up her envy of the male and his penis and resolve her jealous longings by accepting her feminine fate: marrying a penis (male) and subsequently giving birth to a penis (male). Further, she needs to give up her fixation on her own small penis (clitoris) as a source of sexual pleasure and shift to the vagina as an orgasmic source in coitus with a penis (male) (Deutsch, 1945).

Upon reflection, it seems more likely that the little girl would envy her mother's sexual equipment more than her father's. The adult female body, with its breasts and voluptuous curves, is a long way from the small girl's relatively simple body. Perhaps this is a source of the often-noted, continuing anxieties of females about the attractiveness of their own bodies and their jealousies of other females.

Freud further postulated that fears and wishes such as those sketched above are repressed from consciousness by males and females because of strong social prohibitions and the anxieties they arouse. Various psychological defense mechanisms are evolved by the individual to cope with these repressed feelings. Thus, these feelings are expressed by a variety of indirect means such as through dreams, physical illnesses, rationalization, substitution, projection, sublimation, and so on.

People with strong egos (high levels of self-esteem) are able to recognize and deal with these unacceptable feelings more realistically and openly than people with weak egos. They are in less need of strong defense mechanisms. The personality is seen as being three-layered: the id (primitive selfish impulses, including sex and aggression), the ego (self-concept), and the superego (conscience).

A task of both ego and superego is to control the unacceptable primitive impulses of the id. The superego (conscience), acquired through socialization primarily in the early years within the family,

varies according to the values, beliefs, and methods of socialization by parents and other closely involved adults. A child might acquire a stern, repressive conscience indoctrinated through severe, authoritarian methods of childrearing or, at the other extreme, he/she might acquire a highly permissive, weak conscience that provides few controls over primitive feelings. Ego development is affected by superego development and by ways in which children are treated: the extent to which they are seen as lovable, significant, and capable; the extent to which their primitive feelings are accepted as natural but require self-control, the extent to which parents help children identify, face, and deal competently with the realities of their lives. The task of the ego is to balance the person's needs for self-centered expression of primitive feelings with the prohibitions and demands of the superego and synthesize these opposing imperatives in ways that are satisfactory both to the self and the society (Freud, 1946).

Freud further theorized that the growing child went through a latency stage from about ages 6-12. It was to be hoped that Oedipal conflicts had been resolved and the child was ready to give up the intimate love-sex relationships with parents. The middle years of childhood were seen as relatively calm, allowing a period of integrative growth and gradual separation from close intimacy with parents.

Adolescence, according to Freud and his followers, is a dramatically different story. At this time, endocrine changes trigger rapid growth toward adult sexuality. The adolescent, awakened by these changes, undergoes severe conflicts that supposedly had been solved in the first 5 years of life. Oedipal wishes, castration fears, incest desires, and penis envy (for girls) are reawakened. Repressed earlier in the "unconscious," these feelings press for recognition, thereby causing guilt and anxiety in the young person. The resurgence of these wishes plus the pressures of physical growth and the new temptations and demands of the larger society create personality disorganization. The ego needs to be tested and reworked in harmony with adolescent growth; the superego needs to be reexamined and reformulated in accordance with the standards and values of the adolescent and, eventually, adult society. Increased pressures from the id, brought about by sexual reawakening and triggered by endocrine changes, tend to both undermine ego strength and demand superego accommodations for greater tolerance of sexual feelings (Freud, 1953; Josselyn, 1968).

Sex relationships in early adolescence are seen as unwise in that the adolescent might be unable to handle their intensity because he or she is in a state of relative personality disorganization.

Such relationships, moreover, might inhibit further psychological growth toward greater maturity (Blos, 1970; Freud, 1969).

Hypothetically, the conflicts of adolescence are resolved when the person has restructured the concept of himself/herself as a competent, valuable adult who can cope with the real world; accept his/her own sexuality within socially desirable limits; and control, though not deny, primitive sexual feelings.

The above theories have been severely criticized by many behavioral scientists. The concept of innate drives, operating as unchanging streams that need to be controlled, has been strongly questioned. Freudian theories have been seen as growing out of and being especially pertinent to middle-class Viennese society at the turn of the century.

Feminists have scorned Freud's concept that women are jealous of men because of penis envy. Quite logically, they argue that jealousy and anger have arisen because of the huge number of prerogatives that have been accorded males—social, political, economic, and psychological—and the relegation of women to dependent, inferior status.

The findings of Masters and Johnson (1966) that the clitoris, not the vagina, is the central erogenous zone for females has further fanned feminine criticism of Freud. Freud, indeed, was sexist in his assumption that because vaginal penetration was so deeply satisfying to the male it was "naturally" deeply satisfying to the female; if not, this indicated that she was immature and nonaccepting of her femininity.

Freud's concept of the childhood latency stage also appears not to be sound. There is increasing evidence that children in the middle years have continuing sexual interests; they simply learn to conceal them better from adults (Broderick and Bernard, 1969). The family is not salient, as it was in Freud's time, in the shaping of the child's development: The larger society today plays a far more active role. There is also growing evidence that the incest taboo was not so universal as Freud had assumed.

Clearly, Freud was strongly influenced by the society in which he lived and the patients whom he saw. When he was evolving his concepts, he was also influenced by the philosophies of his time and the stage of development of psychology as a science. This does not mean that the theories of Freud and his followers should be discarded completely. Many of his concepts offer powerful insights that can be adapted to current life conditions. His theories of ego development—the conflicts between primitive selfish feelings and the demands of society, the strong influence of repressed and forgotten "fears and wishes," the need to gradually win independence

from ties to the family, the use of defense mechanisms to bolster self-esteem, the complexity of intimate sexual relationships, the continuing importance of early childhood experiences—all these ideas still seem to have important implications for understanding human behavior.

It is not necessary to accept Freudian doctrine in toto to appreciate the extreme importance of family relationships to the development of adolescent sexuality. Although there is growing recognition that today's adolescent has been shaped from early infancy partly by the family and partly by the many forces in the larger society, the quality of family relationships, the size and structure of the family, the family's life situation, and the quality and kind of childrearing methods used all make a deep, lasting impression on the developing child as he/she grows toward maturity.

Children learn their most fundamental lessons about human relationships within their families. Family experiences profoundly affect the capacity for intimacy; for communicating wishes, fears, love, anger; for sharing and withholding; for giving as well as taking; for being dependent and dependable; for losing and for winning; for accepting or rejecting one's own sexuality and that of others; for participating in the most awesome of all human experiences—birth and death. Throughout life, all human interactions carry with them ancient (sometimes dimly perceived) memories of relationships with mothers, fathers, brothers, sisters, grandparents, aunts and uncles, and so on (Sheehy, 1976). As Erikson particularly emphasizes, and as detailed below, the task during adolescence and youth is to differentiate the self from these relationships and find what is personally valid in maturity as distinct from childhood.

Other views of the importance of family life emphasize the strong effects that families have on the physical, cognitive, moral, and attitudinal development of children and adolescents. They also point out the effects of family structure and size on family formation attitudes and expectancies. All this is true: Relationship effects are stressed here because they are so often overlooked by the majority of researchers.

Ego Development

Building on Freud's work on ego development, numerous other theories and definitions about the ego have been proposed. Contemporary ego psychologists continue to see ego strength as being important, as well as the use of defense mechanisms to protect ego vulnerabilities. However, they part company with Freudian doctrine in many other respects.

Loevinger (1966, 1976), in writing of the process of ego development, postulates that the person moves from infancy to maturity along the major lines shown in table 3-1. Although stages four and five are often thought of as being typical of early adolescence and stage six of the later adolescent stage, many adolescents fail to reach these levels, just as few adults achieve level seven.

Following other theorists, the writer has proposed elsewhere that there is a constant struggle throughout life to achieve a balance between individualistic self-expression and socialized concern for the expressive needs of others. Human beings value their own independence but also need to depend on others. They gradually learn to control their impulsive urges because, without such controls, they are rejected by others. These central issues are reworked over and over in the context of those interpersonal relationships that become salient at different stages of the life cycle (Chilman, 1977). If all goes well and the person is able to grow from one stage of ego development to the next, he/she moves to higher levels of self-socialization. Although there is a sense of coming full circle with basic self-other issues over and over again, continuing personal growth (for those fortunate enough to achieve it) makes it possible to meet these issues on a higher level of the "spiral staircase of life."

Adolescents are at one of the levels of this spiral. They face critical issues in relationships with parents, social reference groups, friends of the same sex, other "significant adults," dating partners, temporary or permanent mates. These critical issues are threatening to self-autonomy. These issues also revive relationship conflicts experienced in early childhood which need to be reworked again. How well these self-other issues were resolved in childhood affects how well they will be resolved in adolescence. The degree to which adolescents are able to handle the critical relationships of the teen years also affects relationships in later life.

Current values that favor impulsive self-fulfillment and responsibility only for the self would seem to threaten the person's ongoing ego development at all stages of the life cycle, including the adolescent stage. Although it is unrealistic to attempt to be responsible for what another person does, it seems essential to be responsible toward another person if human relationships are to have the kind of trust and intimacy proposed by Erikson, as outlined later in this chapter.

To return to Loevinger's concept of ego development, many adolescents would be in the self-protective or conformist developmental stage and not yet ready to form stable mate relationships because they have not yet identified their own individuality.

Table 3-1.—*Some milestones of ego development*

Stage	Impulse control and character development	Interpersonal style	Conscious preoccupations
Presocial, symbiotic		Autistic, symbiotic	Self vs. nonself
Impulse ridden	Impulse ridden, fear of retaliation	Exploitative, dependent	Bodily feelings, especially sexual and aggressive
Opportunistic	Expedient, fear of being caught	Exploitative, manipulative	Advantage, control
Conformist	Conformity to external rules, shame	Reciprocal, superficial	Things, appearance, reputation
Conscientious	Internalized rules, guilt	Intensive, responsible	Differentiated inner feelings, achievements, traits
Autonomous	Coping with inner conflicts, toleration of differences	Intensive concern for autonomy	Differentiated inner feelings, achievements, traits; role conceptualization; development; self-fulfillment
Integrated	Reconcile inner conflicts, renunciation of unobtainable goals	Intensive concern for autonomy; cherishing of individuality	Role conceptualization, development, self-fulfillment, identity

Source: Loevinger, 1966.

Therefore, they would be unable to recognize and value the individuality of another.

Viewed in terms of "ego strength," adolescents who are insecure about their own self-worth would tend to be unable to face realities about themselves and others and unable to cope effectively with the many aspects of a mate relationship, including the realistic use of contraceptives. Also, we shall see later that adolescents who are low in ego strength, or self-esteem, appear to have a greater tendency to engage in early premarital sex relationships and, eventually, to become unmarried parents.

The Search for Identity: Personal, Gender, and Sex

According to Erikson, the formation of an individual sense of identity is a central task for the adolescent. Adolescents act upon the universal needs of people to see themselves as individuals, separate from others, although sharing many of their values and interests. This need is closely related to the desire for self-consistency—a feeling of wholeness and integrity, a unity of the self over time. According to Erikson, "The young person, in order to experience wholeness, must feel a progressive continuity between that which he has come to be during the long years of childhood and that which he promises to become in the anticipated future; between that which he conceives himself to be and that which he perceives others to see in him (p. 212)" (Erikson, 1968).

Erikson proposes his own theory of developmental life stages. He postulates that failure at any stage might be expected to adversely affect later stages. His first six stages are listed below:

Developmental Stages	Basic Components
1. Infancy	Trust vs. mistrust
2. Early childhood	Autonomy vs. shame, doubt
3. Preschool	Initiative vs. guilt
4. School age	Industry vs. inferiority
5. Adolescence	Identity vs. identity confusion
6. Young adulthood	Intimacy vs. isolation

All of these stages also have possible applications to adolescent sexuality, as we shall see in later chapters.

In general, it is dubious whether the majority of adolescents actually go through an intensive identity-seeking process. It takes a rather large cushion of affluence, cultural values that support

individual development, (probably) a high order of intelligence, a wide range of environmental opportunities, and freedom from responsibilities such as marriage and parenthood to do so. For example, Douvan and Adelson (1966) found that an early foreclosure of personal identity development was the more frequent pattern. Although Erikson and others have regarded this as a serious problem in terms of wasted individual potentialities and denial of parts of the self, this may not be an accurate perception with respect to most young people. For instance, Offer and Offer (1969), among others, found that their sample of middle-class, urban, white boys, for the most part, revealed considerable life satisfaction and little rebellion or "identity crisis" upheavals during their high school years. A smaller group of their subjects showed considerable, but not extreme, disturbance and a few appeared to be deeply troubled. Those who had the most severe difficulties tended to come from troubled homes.

According to the findings of Douvan and Adelson in a 1968 national study, girls find it more difficult than boys to obtain a separate identity. They tend to seek it first through their families, then through their boyfriends, and eventually through their husbands (Douvan and Adelson, 1966). Perhaps in today's society, with the push for equal sex roles and less socialization of girls for passivity and dependence, females will be more able to independently work toward their own sense of individual identity. Now that marriage and motherhood is no longer *the* prescribed pattern of their lives, girls *should* be better able to establish an autonomous identity of their own. This *should* be possible, but we are far from sure that it *will* be possible.

The Development of Gender Identity

Although gender is determined by biological factors, as shown earlier, gender identity (self-concept as a male or female) appears to be the result of socialization. According to studies of Money and associates, socialization plays by far the most dominant role in the development of gender identity. As far as can be determined, this sense of identity is largely formed by age 15 months to 5 years or so. Working with children whose physical gender was anomalous at birth, Money's research group has found that it is extremely difficult and hazardous to attempt to change an older child's gender self-concept. It is far easier, in most instances, to change the child's physical structure and functioning through surgery and/or endocrine therapy than to attempt to change his or her psychosocial sense of gender.

Much has been learned through working with transsexuals (Money and Tucker, 1975; Stoller, 1968). According to findings thus far, transsexuals are physically normal males or females who have acquired, through early socialization, a sense of gender identity of the opposite sex. When, through treatment, their physical gender is changed to match their psychosocial gender, the person generally reacts with enormous pleasure and relief, even though a period of adjustment to the new physical self is required.

In these days of confusion over sex roles and appropriate sexual behavior for males and females, it must be exceptionally difficult to establish a clear sense of gender identity. Some would claim that this is no longer very important. They favor "androgony"—the ability to behave in both presumably masculine and feminine ways. Androgynous people are thought to be happier and more flexible and competent than those who adhere to more traditional masculine or feminine fashions.

It is proposed by recent writers that there is a sex, as well as a gender, identity. Sex identity refers to the sense of self as a sexually active (or inactive) person. Gagnon and Simon (1973) develop an interesting and imaginative model of gender and sexual development, based on their own theories, research, and the studies of others (pp. 224, 225). They show the effects of various influences at different life stages and some of the differences between males and females in table 3-2.

Gagnon and Simon also propose that young people, responding to dress styles and the like, appear far more erotic and sexual than they actually are and that adult fantasies and anxieties about their probable sex behavior are overblown. This probably has always been true. Adults tend to view adolescents from their own mature level of sexual activity and response and find it hard to realize that adolescents are merely beginners at the arts and expectancies of sexual intimacy.

Laws (1970), in writing about female sexual identity, says that it grows out of early development of gender identity, feelings about the self as a feminine person, self-attitudes toward one's own body image and feelings of sexual attractiveness, the experience of the self as a sexual being, the anticipation and experience of the self as a mother.

She correctly emphasizes the importance of feelings of sexual adequacy as a male or female throughout life, with a particular heightening of self-concern about this during adolescence. Clearly, most, if not all, adolescents are busily occupied with improving their body image (and worrying about it), moving toward participation in full sex experiences, and thinking about—or actually acting

Table 3-2.—Outline of a sexual career

	Stage and ages	Agents	Assemblies
Gender identity ↓	1. Infancy; ages 0-2½-3	Mother to family	Formation of base for conventional gender identity package.
	2. Childhood; ages 3-11	Family to peers, increasing media	Consolidation of conventional gender identity package; modesty-shame learning; nonsexually motivated "sex" play; learning of sex words without content; learning of sex activities without naming; learning of general moral categories; mass media through commercials and programming content reinforcing conventional gender, sex, and family roles; media also preparing for participation in youth culture.
	3. Early adolescence; ages 11-15	Family, same-sex peers, media	First societal identification as a conventional sexual performer; first overt physical sexual activity with self or others; development of fantasy materials; beginnings of male/female divergence in overt sexual activity; application of gender package to sexual acts; application of moral values to emergent sexual behavior; privatization of sexual activities; same-sex peers reinforce homosocial values; family begins to lose moral control; media reinforces conventional adult content of gender roles; media attaches consumer practices to gender success; basic attachment to youth culture formed.
Sexual identity ↓	4. Later adolescence; ages 15-18	Same-sex peers, cross-sex peers increasing, media, family reducing	Increased practice of integrating of sexual acts with nonsexual social relations; movement to heterosocial values; increased frequency of sexual activity; declining family controls; continuing media reinforcement of sexual-gender roles, and consumer and youth culture values; sexual experience with wider range of peers; common completion of sexual fantasy content; consolidation of gender differences in sexual roles and activity; good girl/bad girl-maternal/erotic distinctions completed.

Table 3-2.—Outline of a sexual career—Continued

	Stage and ages	Agents	Assemblies
Family formation ↑	5. Early adulthood; ages 18-23	Same-sex and cross-sex peers, media, minimum family of origin	Mate selection, narrowing of mate choice; increased amount of sexual practice; commitment to love by male, sex by female; linkage of passion to love; dyadic regression; insulation from family judgment and peer judgment; increasing pressure to marry; relief from same-sex competition by stabilization of cross-sex contacts; legitimization of sexual activity by peers and romantic code; media reinforces youth culture values of romance and virtues of marriage; experience with falling in and out of love, termination of protected school/student statuses.
	6. Final mate selection— early marriage; ages 20-27	Fiancé(e), spouse, same- sex peers, family of origin increases	Regularizes and legitimizes sexual activity; stable rates of sex activity; variation in kinds of sexual behavior; children born in most cases; increasing sexual anxiety about children; family values reinforced by children and family of origin; declining eroticism, increased maternalism; culmination of purchasing/consumer values in wedding gifts or buying new products; routinization of sexual behavior; decreased contact with cross-sex peers unless they are married; interaction in multiple dyads; sexual activities restricted by pregnancy, children, work.
Reproduction ↑	7. Middle marriage; ages 28-45	Spouse, same-sex peers, family of origin, married peers	Declining sexual activity in marriage; some extra-marital sexual experimentation; maturing children; conflict of erotic with material; emergence of sexual dissatisfactions; increase in occupational commitments; declines in physical energy and physical beauty; fantasy competition by youth culture; continual multiple dyadic interactions and insulation from cross-sex peers; marriage moving to nonsexual basis for stability and continuity.

8. Post-young children;
ages 45+

Spouse, same-sex peers,
married peers

Further decline in sexual activity; some extra-marital sexual experimentation; substitution of nonsexual commitments other than children as basis of marriage; further decline in physical strength and beauty; further desexualization of gender identity; movement out of public sexual arena.

Source: Gagnon and Simon, 1973.

out—their concerns about their potential reproductive capacities.² Because messages from the mass media today often emphasize that an active sexual life is virtually synonymous with physical and mental health, it is little wonder that so many more of our adolescents are engaging in premarital coitus. (See chs. 4 and 5.)

Learning theory, as postulated by B. F. Skinner (1938), holds that people behave as they do because they have learned certain behaviors. Those behaviors that have been reinforced by positive experiences or rewards tend to persist. Those that receive little response tend to disappear. Those behaviors that are punished, or negatively reinforced, are avoided. Thus, a person responding to sexual stimuli and previous learning seeks coitus. If he or she finds that it is gratifying and is rewarded by the partner, this behavior will continue. Lack of response tends to "extinguish" this behavior, at least with that partner. An adverse experience, such as failure to perform adequately, rejection by the partner, or punishment by others, would tend to make the person avoid intercourse. Learning tends to generalize from one experience to another similar situation. For instance, if a mother punishes her son for his sexual interests, he may come to see all older women as sexually dangerous or repressive. These concepts are appealing in their simplicity; they seem to have a certain, but limited, amount of explanatory power. They appear to overlook such factors as feelings, values, motivations, capacities, self-concepts, and other particular attributes of the individual.

In general, theories of learning, which are basic to an understanding of any kind of human behavior, including adolescent sexual behavior, are too numerous and complex to discuss adequately here. Aside from Skinner's theories of operant conditioning, leading concepts are those of Bandura and Walters (1963) and Wolpe and Lazarus (1966).

Bandura and Walters have found considerable research support for their concept that much social learning derives from imitation of the behavior of others. People who have significant meaning to the individual serve as behavior models. Thus, for example, adolescents tend to learn gender and sexual behavior from those people with whom they identify—parents, peers, TV stars, and the like.

Wolpe and Lazarus propose that learning is deeply affected by the feelings that a person has at the time an experience occurs. These feelings (or effects) tend to persist beyond the particular experience and are thereafter associated with similar ones. For

²For an excellent detailed discussion of sex and gender identity among adolescents, see Matteson, 1975.

example, if first intercourse for a young woman is painful and fails to result in an orgasm, she may well become fearful and anxious about intercourse in general. She may then avoid sexual contacts or approach them with tension and anticipation of a negative experience. Through desensitization processes, either as a result of a relationship with a loving, more skilled and considerate mate or through treatment, she may be able to acquire more positive and relaxed feelings about intercourse.

IN SUMMARY

The knowledge and theories of adolescent development discussed here should have an important contribution to make to the understanding of adolescent sexuality. An effort to synthesize these and other theories into an integrated whole should be useful, albeit difficult, in looking at adolescent sexuality as a bio-social-psychological phenomenon.

This chapter largely has emphasized individual behavior. In the next we will consider adolescent sexuality in the context of American society in the 1950's through the mid-1970's.

Chapter 4

Adolescent Sexuality in Contemporary American Society

All people are deeply affected by the period in which they live. This is especially true of children and adolescents who are still in a formative stage of development. Because teenagers generally want to be very much like their peers and because they are striving for independence from their families and increasingly searching for their place in the larger world, they tend to be highly sensitive to the society that they perceive, particularly in its present and future prospects.

An attempt to understand adolescent sexuality in the 1960's and early 1970's, then, requires an examination of what society was like for them during this period. Because of the enormous social and economic changes of recent years, those who entered their teens in 1960 probably had quite a different social experience in both their childhood and adolescence than those who did so in 1965, 1970, or 1975. Moreover, these experiences were different for various groups of adolescents depending on the development within their own families and their regional, religious, socioeconomic, ethnic, and racial origins. The heterogeneity of American society makes it impossible to adequately describe in brief terms the impact of this society on the many kinds of adolescents developing within it. We must be satisfied with only a general picture of the major trends of these tumultuous times.

Teenagers, at the beginning of the 1960's, had been born only shortly after the end of World War II; they were the first wave of the baby boom. Their childhood roots were in the 1950's, often known as the age of apathy. Those who reached adolescence in the 1970's were children of the revolutionary sixties, a sharply different period.

THE NINETEEN FIFTIES

The 1950's for the most part prized peace, domesticity, personal adjustment, conventionality, and material comforts. The years of economic depression and war were gone at last and families

could settle down to blessed togetherness and nest building. Mental health experts advised that democracy and general well-being were to be promoted by family stability and nonauthoritarian, love-oriented methods of childrearing. Women were to play traditionally feminine roles by furnishing nurturance, self-effacement, and ego supports to their children and husbands. Men were to be strong, achieving, protective of their families as they defended these dependents against the hard realities of the outside world. Large families gave testimony to the smooth adjustment of males and females to their clearly defined roles. Parents labored to give their children a better life than they had experienced. These children, symbols of peace, prosperity, and enlightened childrearing were to make up to parents their earlier deprivations of insecurity and the agonies of the years that went before. These children were symbols of victory and a new and better life.

One tried to forget worries about the atomic bomb, the threat of "worldwide communism," the witch hunts launched by McCarthyism, the realities of the Korean War. Somehow, all these would be managed by a wise government and enlightened business and industry with its impressive cadre of scientists. Rational planning would save the day.

The Supreme Court Decision of 1954 that opened the way for school integration was hailed by liberals of both races and attacked by conservatives. The organized, but generally partial, efforts that followed to make this decision work were only dimly recognized by the great majority of the populace. "Besides, all that was down South."

Racial issues, however, did not remain in the South. The huge migration of rural blacks to urban centers all over the country, starting during World War II when industrial jobs opened to them, continued to grow. This growth was spurred by the rapid mechanization of agriculture which displaced farm laborers from their traditional jobs. They fled to the cities for work and the vision of a better life.

This life tended to be grim, especially after the Korean War, when returning veterans displaced many workers from their jobs. Urban poverty and racism took a heavy toll of families, little prepared for the impersonality, complexity, and competitiveness of urban life; for huge bureaucracies; and burgeoning technologies.

Puerto Ricans, fleeing the poverty of their island, also migrated to the cities, especially New York, where they, too, suffered the dislocations of big-city living.

These developments were far from the experiences of the majority of white Americans who were enjoying the benefits of

belonging to skilled working class or middle- or upper-class families in a time of apparent affluence. Their lives were brightened by the wonders of an increasingly technological, automated society, which brought with it television, frozen foods, air travel, automated household equipment, big automobiles, and, in general, the "good life."

When Russia launched Sputnik in 1957, the American dream of smug self-satisfaction came to an abrupt end. Citizen shock reverberated throughout the country. Russia had better scientists and a more advanced technology than the United States. Fun and games were over. Away with catering to the social and emotional needs of the young; they must be put to work so that the United States could raise a wonder group of superscientists. From nursery school onward, the youthful generation was to be pushed for higher and higher levels of academic achievement. College and graduate education was a "must" for at least half the population. Since there could never be a large enough group of superior male scientists, bright females were to be added to the national supply.

It seemed that almost overnight schools became academic factories. Science and research was all. This was a rude shock for children and adolescents who were so used to being "understood" and urged to enjoy life. It seems likely that the later youth revolt against the schools partly had its roots in the academic pressures that were so suddenly and arduously placed on the young. It is also likely that the later feminist movement owed a part of its inspiration to the discovery in the late 1950's that women, too, had brains and that these brains could be trained for rational science to help fill the frightening "science gap."

Nineteen fifty-seven also jolted the country with a slight economic recession that lasted for the next several years and brought with it rising rates of unemployment and poverty.

THE NINETEEN SIXTIES

The American Society of the 1960's was fraught with excruciating contradictions. Technological developments promised the eradication of many problems that people had never been able to conquer in the past. They promised—and to a large extent delivered—a society in which long hours of heavy hard labor were virtually abolished; plagues, famines, and devastating floods were almost unknown; poverty for most was reduced to poverty for a relatively small proportion; the masses no longer needed to be ignorant. In many ways the more advanced nations were on the threshold of a mass Utopia, but they could not seem to get into the door. In fact, the threshold seemed to be a very hot place to be—one false step

and Armageddon might replace Utopia. The potential disasters of our society were on a perilous see-saw with the potential paradises.

A catalog of the potential disasters makes grim reading—so grim, in fact, that many preferred to be disaster illiterates. The threat of a worldwide holocaust brought on by a thermonuclear war headed the list. This was the overriding threat that hung like a worldwide black mushroom cloud over all. The wonder is not that so many of our people (especially the young) were caught up in desperate activist or escapist behaviors, but rather that so many (especially the young) managed to carry out their daily activities with hope or at least calm acceptance of their world.

Other potential disasters were equally well-known and cataloged. They included overpopulation, disastrous air and water pollution, and the threatened breakdown of social, political, and economic systems, which were strained to the breaking point by the demands for changes adaptive to the "grave new world" that technology had wrought.

It also brought virtually instant communication around the globe, enormous public and private bureaucracies, urban conglomerates that stretched over vast regions, massive materialism, standardization, unparalleled eruption of scientific knowledge, a vast restructuring of employment and social status opportunities, quick obsolescence and an invitation to perpetual adolescence, and systems-quakes in all social institutions—familial, educational, religious, political, economic, medical, recreational, and so on.

As a result of these developments, we were faced with such social pressures as a breakdown in previously held values (such as merits of self-discipline, hard work, achievement, deferred gratification, self-control, and long-term goal commitment) and confusion about what values should take their place; a sense of depersonalization and loneliness on the part of many; conflict between the generations, socioeconomic and ethnic groups, and the sexes; increasing divorce rates and experimentation with "alternate family forms"; rising incidence of crimes of violence, alcoholism, drug abuse; alienation from society; the increasing tendency of the young to drop out of both high school and college; rising venereal disease rates; and, quite possibly (though difficult to prove), increasing incidence of emotional problems and mental breakdown. Racism, "sexism" (discrimination against women), and "classism" (discrimination against members of the working class and the unemployed) were felt acutely and protested against bitterly.

In commenting on the most important ways in which American society had changed during this period, Gross (1966) wrote that the main thrust of the economy shifted from the production of

goods to the provision of services and that major institutions had moved from big organizations to macrosystems. The dangers inherent in these concentrations of power were emphasized by commentators who noted that economic power (through the centralized communications media) and political power formed a closed loop with the result that the open society seemed to be closing, through the mutual dependence of a very small group of advertisers, media managers, and politicians.

With the advances in technology there was a vast shift from unskilled labor to skilled labor; white-collar occupations tended to get involved in a push for extended professionalism. There was a push in all fields for "sub-, quasi-, full-, and superprofessional jobs" and the training and education that goes with them. Teenagers were pushed to at least finish high school and, beyond that, attend college, so that they might compete successfully in an ever more demanding work world.

The employment of women expanded, especially for those who had advanced education and trained occupational skills. As work opportunities increased for this group, a growing number of women, including mothers, found jobs outside the home. However, unemployment rose for young products of the baby boom, as more and more of them entered the work force. There were few places for teenagers with little education and no specialized experience. Members of minority groups were particularly disadvantaged.

The "urban crisis" became more acute, as white Americans, spurred by the energies of a boom economy, raced for their dream of a home in the suburbs and fled from the integrated schools and neighborhoods of the cities. Business and industry followed "white flights." Cities tended to become poverty-plagued wastelands and traps for those who were caught there by racism and poverty. Urban services deteriorated and social disorganization increased, with resultant problems of poor health, crime, and family breakdown. Gulfs widened between races and income groups. The underlying illnesses of the total society found their most acute expression in the urban ghettos of the poor.

These conditions led to a number of explosive actions to change society and many of its institutions: schools, governments, the family, business and industry, and religion. All traditions were called into question, and the fundamental values and norms of the society were noisily challenged.

The Youth and Allied Revolutions of the 1960's

The so-called youth revolt symbolized these events. In actuality, it consisted of a number of movements for social change.

These movements were highly interrelated, but each had its particular focus. Although young people tended to dominate them, they also attracted older people who were deeply concerned about the condition of society. Although none of them actively involved the majority of the population, it seems likely that most people were affected by the numerous upheavals of this period.

These movements were not restricted to the United States but were active in many countries throughout the world. The involvement of the United States in the Vietnamese War gave particular flavor and urgency to pressure group activities in this country, but the roots of dissidence were deeper and more extensive than those connected with this particular war and this particular country.

To return to the United States in the 1960's, an inspection of table 4-1 will provide a quick overview of some of the outstanding trends of this decade.

Table 4-1 stimulates a number of speculations. Some major trends can be observed. The decade began on an ambivalent note which continued throughout the next 10 years.

Despite international tensions, the early 1960's probably seemed highly propitious on the domestic front to most teenagers, even though they were under heavy academic pressure in their schools, and college-bound youngsters were becoming panic stricken about whether they would be admitted to the universities that were becoming even more crowded and selective as demands for higher education grew.

The assassination of John Kennedy in 1963 seemed to mark the end of an age of faith in the American dream. To many, it seemed as if all brilliance, grace, and aspirations for excellence had been unbelievably snuffed out and that civilization itself was threatened. The almost immediate murder of Oswald, his apparent assassin, sent further shock throughout the country. The later Warren Commission Report on Kennedy's death seemed hasty and unbelievable to many. Distrust of the Government gained in intensity and spread from that time forward.

To the young, with so little perspective on loss and grief, the assassination of John Kennedy must have left deep, unhealed wounds of terror and sorrow. What of the future if this brutal thing could happen? What of the future, indeed, with its further brutalities that all too soon (1968) struck down other brilliant and idolized leaders—Martin Luther King and Robert Kennedy?

Table 4-1.—*Some major events and trends in the United States, 1960 through 1970*

1960

Election of President John Kennedy by a slight majority. Launching the "New Frontier" as an age of Intellectual enlightenment. Chief Government activity: initiation of manned space program and building up military with concept of "overkill" as a retaliatory defense strategy.

Civil Rights Movement escalates with founding of Student Nonviolent Coordinating Committee and "sit-ins" by blacks to integrate restaurants, etc.

Rise of Students for a Democratic Society (SDS), a largely white, liberal, university student movement to increase "social relevance" of higher education and promote social reform.

Demonstrations in San Francisco for abolition of House Un-American Activities Committee.

Supreme Court takes more liberal stand on obscenity in literature. Sexually uninhibited books released for distribution; rapid increase in pornography over the next 15 years. "Black humor" becomes popular with publication of *Catch-22*.

Theater celebrates youth; romance, impulsiveness, freedom; becomes increasingly uninhibited over the years.

Folk music craze moves into rock music.

Nihilism in art increases.

Overall birth rate continues to fall (decline started in 1958); adolescent illegitimacy rates start to rise, continuing over the next 10 years or more; early marriage rates are lower.

1961

Government renews bomb testing; fear of thermonuclear fallout spreads. President advocates families build own bomb shelters; air raid drills in schools.

The Civil Rights Movement grows stronger with "Freedom Rides" to integrate public transportation; violence against blacks increases.

Timothy Leary glorifies the drug culture and use of LSD, preaching mysticism and inner peace.

First nude films shown; these become more daring over the coming years.

1962

The Cuban Missile Crisis.

Table 4-1.—*Some major events and trends in the United States, 1960 through 1970—Continued*

1962 (Continued)

Treaty signed with Russia to halt further testing of thermonuclear bombs.

A black student (James Meredith) enters the University of Mississippi; Federal troops needed to assure his safety.

Supreme Court rules against compulsory prayer in the schools.

The first wave of the "baby boom" hits high schools; schools become vastly overcrowded for the next 10 years.

1963

Betty Friedan attacks the "Feminine Mystique"; President appoints a Commission on the Status of Women.

President Kennedy is assassinated and his assassin murdered.

Warren Commission appointed to investigate. Final report viewed with suspicion by many. Distrust of Government, paranoid suspicions grow.

Martin Luther King leads highly successful, integrated, peaceful "Freedom March on Washington," stirring idealism of many with his oratory, "I have a dream"—of racial equality.

Lyndon Johnson is inaugurated as President. His time in office was filled with criticism and troubles, though for a period his liberal domestic policies raised hope for progressive social reform.

"God is dead" concept emerges with call for responsibility for the self and social activism, rather than a reliance on an external God.

"Pop" art becomes the vogue: cynical, amoral, sensational.

Ken Kesey, author of bitter play, "One Flew Over the Cuckoo's Nest," establishes drug groups in California, glorifying drugs, free sex, rock music.

College population expands as do higher education problems; trend continues through 1970.

Federal funding expands, continues through 1969; theory that social-psychological research will solve problems loses ground by the end of decade.

1964

President Johnson is reelected by a large majority as the "peace candidate"; he involves Nation more deeply in Vietnam; many felt he deceived Congress into giving him broad war powers (Gulf of Tonkin Resolution).

Table 4-1.—*Some major events and trends in the United States, 1960 through 1970—Continued*

1964 (Continued)

Over 1,000 white youths in Civil Rights Movement that shifts toward separate Black Power following black-white conflicts during voter registration drives in Mississippi's freedom summer. Part of conflict over sex relations between whites and blacks. Opposition to movement leaves a number of young people dead.

The "counterculture" strengthens. Miniskirts and bikinis appear. The Beatles give highly acclaimed performances in United States. Long hair, beards, etc., gain extreme popularity with youth for the next 3 years. The hippies, preaching love, freedom, peace, alternative lifestyles, mysticism, uninhibited sex, establish themselves in family groups or tribes in San Francisco and New York. McLuhan announces that the "medium is the message," which strengthens mass culture, primitivism, concept of the world as global village.

The free speech movement, asking more participation of students in university governance and end of military research at universities, erupts into a riot at Berkeley, following student conflict with police.

Antipoverty legislation passed as part of President Johnson's "Great Society" program.

1965

Progressive civil rights, Medicare, Federal aid to education passed by Congress. Liberal hopes stir for social reform.

Antiwar demonstrations start with faculty-student teach-ins at universities across the country; dissent becomes more normal. SDS organizes against the draft and draft resistance grows. National peace movement begun.

Malcolm X, leader of the separatist Black Muslims, is murdered. Civil rights demonstration, with large white representation, in Selma, Ala., following massive white resistance there. Race riots in Los Angeles.

Counterculture more widespread. Includes night shows with drugs, uninhibited and individualistic dancing. Hippies gain strength in San Francisco. Rock groups intensely popular with young. Films become more political and cynical, antiestablishment, sexy, violent. The new youth morality is sincerity, authenticity, antihero.

Pope Paul VI releases the report of the Vatican Ecumenical Council, begun by Pope John; report emphasizes individual freedom of conscience and more liberal beliefs.

1966

Massive bombing of Vietnam started; Johnson rapidly loses support.

Table 4-1.—*Some major events and trends in the United States, 1960 through 1970—Continued*

1966 (Continued)

War on Poverty sparks action pressures in many communities, raising aspirations for "participatory democracy" by poor, minority groups, youth, women.

Rise of Black Panthers as a revolutionary group.

Emergence of Ralph Nader as a crusader for consumer rights.

The hippie movements in San Francisco and New York begin to falter; growing antagonism of conservative adults to "hippie youth."

Divorce rates continue their increase; trend grows stronger over next 10 years. "Alternative family lifestyles" espoused; relevance of family questioned.

General economic prosperity of country continues to grow.

The Department of Health, Education, and Welfare makes Federal funds available to support family planning programs nationwide.

Publication of *Human Sexual Response* by William Masters and Virginia Johnson, reporting research showing the essential similarity and equal potential of the male and female sex response; popular interpretations of this book given widespread publicity by mass media.

1967

Wave of ghetto riots spread; severe ones in Detroit, Newark, and Cambridge, Md.

Delinquency and crime rise further.

The Women's Liberation Movement emerges in New York and San Francisco with demands for equal economic and political rights, legalized abortion, divorce reform.

Hippie movement, highly publicized by the mass media, runs into serious trouble as it is joined by many runaway, problem-laden youngsters. Problems of poor health, lack of money, overuse of dangerous drugs, exploitation, crime create crisis conditions. However, numerous aspects of hippie culture spread: communes, "freaky" clothes, distrust of science and rationality, mysticism, drug use. Many of these concepts adopted by adults. Numerous kinds of therapy arise that emphasize quick intimacy, free self-expression, sensuality, end of the Protestant ethic, spontaneity, action, release of aggression, riddance of sexual "hangups." Emergence of awareness of homosexual activity; Gay League demands equal rights. Most of these movements based on concept that human nature is essentially good and wise; individuals will flower if simply given chance for expression. Countermovement of behavior modification:

Table 4-1.—*Some major events and trends in the United States, 1960 through 1970—Continued*

1967 (Continued)

Planned management of human behavior through stimulus-response techniques gains wide acceptance, especially among academicians and human service professionals.

Other separatist movements of minority groups increase, such as Spanish-Americans, American Indians. This spreads to growing emphasis on ethnicity among Italian-Americans, Polish-Americans, etc.

Student sit-ins protesting campus recruitment for chemical warfare industries; massive march on the Pentagon by protesters of all ages and backgrounds; antiwar movement widespread.

The New Left student movement falters at a national conference over demands by black groups for equal power.

Hostile attitudes toward Federal spending for antipoverty and other human services programs mount as Federal expenditures rise at home and abroad. Pressures for business management analysis of human services grows, with a "hardnosed," cost-benefit, essentially antihumanist approach.

Paraprofessionalism movement spreads as part of antipoverty program, also to meet shortage of fully trained professionals.

Push on the campuses for coeducational dormitories.

1968

Martin Luther King and Robert Kennedy assassinated.

Extensive race riots in Washington and Chicago following King's death.

Kerner Commission Report on Civil Disorders, urging a moderate and liberal approach and blaming the riots on white racism, is "buried" by President Johnson.

The Poor People's March and settlement at "Resurrection City" in Washington draws little support. A welfare crisis erupts in New York as demands for assistance grow, funds dwindle, and conservative resistance mounts.

Student strikes at universities multiply and become more violent. Strike demands range from loosening of restrictions of social life (coeducational dormitories are "in"), to reform of curriculum, reducing academic requirements, participation in university governance, antiwar actions.

Pope Paul VI releases "Humanae Vitae" in which he pronounces the opposition of the Catholic Church to all forms of artificial birth control; resistance grows within clergy; numerous priests leave, often in protest against celibacy; some

Table 4-1 —Some major events and trends in the United States,
1960 through 1970—Continued

1968 (Continued)

orders of nuns establish community life outside convents and adopt "civilian" clothes.

The theater becomes more radical; nudity and all forms of sex behavior featured; impulsivity and audience participation promoted.

The youth counterculture becomes more violent and less idealistic. More emphasis on revolution, autonomy, drug use, sexual freedom. Violent conflicts between police and revolutionary youth extremists at Democratic National Convention.

Democratic Convention, strife-torn, nominates Vice-President Humphrey over antiwar liberal candidate.

Richard Nixon elected President by small margin.

1969

Despite Presidential promises to end the war, it continues. Nixon supports "law and order" activities and attacks on demonstrators, infiltration of youth groups by FBI.

Collapse of the New Left youth movement; lack of sufficient general support and rise of splinter groups within it. Extremist small revolutionary groups, largely of alienated youth, go underground and use terrorist tactics; some tragic deaths of young people follow.

Enormously popular and peaceful rock concert at Woodstock celebrates love, peace, "flower-power." Later attempts at similar concerts elsewhere fail; violence often occurs. The hippie style further discredited by exploits of the "Manson family" and their murder of five "jet set" members. The Manson family, consisting of one man and his "harem" of young girls, espoused such hippie values as drugs, a communal style, mysticism, and rock music.

Racial clashes extend to high schools, along with resistance to school integration. Black students push for black studies programs and separate academic systems at colleges; result in violent clashes at Cornell and San Francisco State.

Interest in many new kinds of religion grows among the young: a search for hope, faith, new directions. Folk services, Pentecostal, Eastern religions mount in popularity. The ecology movement gains wide acceptance.

1970

Nationwide wave of student protests follows the invasion of Cambodia. The Federal Government orders arrests of many participants in the massive war

Table 4-1.—*Some major events and trends in the United States, 1960 through 1970—Concluded*

1970 (Continued)

protest in Washington. Antiwar demonstration at Kent State University leaves a number of students killed or wounded by National Guard.

Bombing of physics building at University of Wisconsin-Madison by youthful antiwar terrorists, killing a young scientist, brings shocked reaction from most of the country. The youth revolution is virtually extinguished, but the large shift toward greater personal freedom and antitraditionalism apparently continues, at least among many of the Nation's youth.

Publication of *Human Sexual Inadequacy* by Masters and Johnson. Many other books, articles, movies, television shows, etc., appeared on the themes of sexual fulfillment and sex therapy.

Source: Much of the material in this table is derived from O'Neil, 1971.

The Antiwar and Civil Rights Movements

Tragic as these deaths were, in a sense they largely symbolized the more anonymous deaths of the mid- and late sixties in Vietnam and in the riot-torn towns and cities.

During the 1960's reformist youth worked hard to promote peace. Their efforts became increasingly activist as they met official resistance. By 1966, the Antiwar Movement was joined by many adults, but the country became more deeply involved in Vietnam. Youth, particularly university students, mounted increasingly desperate attempts to stop the war—to no avail. Their movement, started with the concept of peaceful resistance, became even more violent. By 1970 the movement was met by increasingly hostile and repressive measures by the Nixon Administration, and youth seemed to become even more despairing and depressed by the apparent futility of their efforts. A similar pattern can be seen in the Civil Rights Movement. Starting in 1960 as a nonviolent effort, it became more and more aggressive over the years, partly as a result of the retaliations of white racists. The separatist Black Power developments, beginning in 1964, in time excluded idealistic whites and many moderate blacks. By 1967-68, race riots and the murder of Martin Luther King escalated disillusionment and despair among social reformers. By 1970 the movement was on the decline partly because the social-economic situation of some black people had improved and partly because of the law and order stance of the Federal

Government as well as the perception of many black people, themselves, that the riots had hurt the blacks far more than the whites.

The War on Poverty

The War on Poverty, launched by the Johnson Administration in 1965, started with high hopes that were dampened all too soon owing, in considerable part, to the growing national involvement in the war in Vietnam. One aspect of the antipoverty legislation was more revolutionary than many of its authors realized. Community action programs were initiated on the premise that the alienation of the poor (especially of minority groups and dissident youth) was based on their exclusion from the "establishment" in the community power structure. Community action was to enhance their participation in these structures and give them greater access to jobs and services. These movements did, indeed, cause massive upheavals in many communities and probably provided considerable stimulus for the black power and youth movements of the same period. Community action became so explosive in a number of localities that funding of these programs was soon reduced and attempts were made to redirect antipoverty strategies to safe channels such as job training, Headstart, neighborhood service centers, and the like. The chief problem of poor people—lack of income—was never adequately addressed through much-needed reform of the welfare program.

The relative failure of the antipoverty movement, along with other aspects of dwindling Federal commitment to social reform, caused growing cynicism and distrust of the sincerity of the Government and its leaders; this was probably felt the most severely by adolescent youth.

The Hippie Movement

The hippie movement also began with high hopes for peace, love, kindness, freedom. It grew out of the counterculture that had its roots in the "beatnik" antiestablishment concepts of the 1950's, with more remote roots in the "bohemianism" of the 1920's and European existentialism arising out of the two World Wars. The "hippie culture" spread rapidly in 1965. Hippie youth and their less radical followers saw themselves as being more "pure" than the rest of society. They idealized free self-expression, sincerity, authenticity, individualism. These values included advocacy of uninhibited sexual expression and alternative lifestyles, such as communes and tribal families.

By 1967, the hippie movement began to fall apart. As with the Antiwar and Civil Rights Movements, it became more radicalized, more violent, more rent by dissension from within and without. Uninhibited free self-expression seemed to bring with it not only free love but freed hostilities, too.

Much the same fate overtook the free-speech movement and the push for university reform. The "student revolution" was intertwined with the antiwar, social change, counterculture, and early civil rights movements. It spread rapidly to numerous campuses during the sixties, with various agendas, including loosening of restrictions on the social (including sexual) lives of students. By 1968, as in the case of other reform efforts, the student movement became far more widespread, violent, and out of control. It developed splinter groups with extremist youth adopting terrorist tactics. These developments engendered rising public antagonism and support for official controls of dissident youth.

The antiwar, student, and counterculture movements declined in acceptance by young people, too, in 1969. Mysticism, pentecostal religions, and "folk rituals" became popular. Having failed to reform the outer world and frightened by the excesses of movements that became increasingly violent, some were searching for more internal, magical ways of dealing with a problem-ridden society.

The Women's Movement and the Sex Revolution

The women's movement had gained considerable strength by 1967. It had its more immediate origins in the stir caused by the publication of Betty Friedan's book, *The Feminine Mystique*. Shortly before this time the Sputnik-engendered drive for academic achievement by girls and women and Kennedy's 1961 Commission on the Status of Women forecast interest in more equality between the sexes. Friedan wrote of the psychological depression that overtakes women when they are pushed into passive, dependent roles; when they are deprived of an opportunity to use their abilities and energies as active people, equal to men. She challenged the Freudian dictum that women are trapped by the destiny of their own biology; that they are neurotic when they protest their inferior status; that they must be endlessly admiring and supporting of men lest they become "castrating females"; that their major function is that of homemaker, wife, and mother.

Friedan's book was written at the perfect moment in history for its widespread acceptance. It picked up on earlier equal rights

movements for women and pushed them further. It came at a time when the birth rate was already declining and when it was becoming increasingly clear that it must. It came at a time when women, especially those with advanced training, were needed in the work force. It came at a time when household technologies largely had freed women from serious, full-time home occupations. It came at a time when the new "intercourse independent" contraceptives were creating their own revolution for women. The orals and the intra-uterin device, for the first time in history, made it possible for women to control their own fertility without the cooperation or knowledge of men. These new contraceptives profoundly altered the power relations between the sexes, a fact that probably has never been fully appreciated and a fact that may well underlie much of the rationale and drive of the women's movement and its correlates, the sex role and sexual revolutions.

The women's movement of the 1960's found much of its expression initially in the participation of young women in the civil rights, counterculture, antiwar, and student movements. However, by 1967 groups of women launched their own drive for "liberation" because they found that men were pushing them into traditional female roles as sex objects and junior assistants in the other movements. The women sought many kinds of reforms: equal access to educational and occupational opportunities, equal pay for equal work, equal access to political and economic power, equal sex roles in the family and elsewhere. They challenged "sexist" assumptions that women were different from men in any important ways: Many apparent differences were seen as the result of the tradition-laden socialization of men and women. Why, they asked, should women be expected to give up careers for the care of children, simply because they give birth to them? How about two-career families with equally shared sex roles at home and elsewhere? Some advocated "androgony"—the concept that both men and women have so-called masculine and feminine traits and that both are freed when they are no longer fettered by ancient myths. Women were to be trained for assertiveness and "instrumental" behaviors; men, for gentleness and "expressive" behaviors. It was claimed, with considerable justification, that more fully human relationships between and within the sexes would be fostered if males and females were no longer pushed into behavior and attitudes that had their basis in times long passed.

The women's movement is one of the few that has remained active into the 1970's. Although, unlike others, it rarely burst into

violence, by 1975 or earlier it was suffering from a division into a number of splinter groups that sharply disagreed with each other concerning major goals. Despite these difficulties, a number of advances had been made toward greater equality between the sexes at work, at home, and in the community. Many inequities remained well into the 1970's and continued to offer challenge to men and women alike.

Equality in sexual expression was advocated by some of the members of the women's movement. When Masters and Johnson announced their research findings that the clitoris, rather than the vagina, was the chief center of sexual sensitivity for females; that a "clitoral orgasm" was in no way inferior (might even be superior) to a vaginal orgasm; that virtually all women were orgasmic if properly stimulated (though many failed to reach orgasm with their partners); that women had *at least* the sexual potential of men; that a large proportion of women suffered from sexual frustration through their partners, it might be said that the "orgasmic revolution" was launched.

Masters and Johnson published another work, *Human Sexual Inadequacy*, in 1969, in which further details were given concerning their research-based methods of treating couples who had unsatisfactory sex lives. Attention was given to male problems such as impotence and premature ejaculation as well as female difficulties with "frigidity." A spate of other books and magazine articles on sexual fulfillment and sex therapy appeared, as well as movies, television shows, plays, and so on.

Some women espoused the "right" to "demand" sexual fulfillment from their partners. The double standard was decried. "Open marriage," which, among other things, allowed husband and wife, with each other's knowledge and consent, to engage in extramarital affairs, was espoused by some. "Group sex" was widely talked about, though probably not so widely practiced, as was the case for "group marriages." Communes, cooperatives, parenthood without marriage, cohabitation arrangements, as well as "marriages" between lesbians and between male homosexuals were advocated as possible "alternate lifestyles" that had the virtue of providing freedom to people to make their own choices.

It is hardly surprising that, under these conditions, the divorce rate continued to rise during the 1960's and on into the 1970's. It rose among all age groups and was no longer chiefly a phenomenon of young childless marriages. This means that, among other things, a number of adolescents were experiencing the breakup of their

parents' marriages. Quite possibly, some were also privy to extramarital affairs in which their parents engaged.¹

As we shall see in chapter 6, the rates of premarital intercourse among young people rose sharply in the mid-sixties and continued through at least 1976. Illegitimacy rates among teenagers also rose during this period. (See ch. 9.) This apparent increase in sexual freedom among young people from the mid-sixties onward is quite understandable in the light of the numerous trends and events of that period, as the foregoing and following discussions show. It seems likely that 1965 or 1966 was the "breaking point" with respect to norms about premarital intercourse, partly because these were the years in which reform movements based on traditional ideals and values seemed to "fall apart."

The rate of first marriages began to decline markedly in the late 1960's, with this drop continuing into the 1970's. This probably was an outcome of the changes in society we have noted, in addition to the increase in premarital intercourse and cohabitation among young couples.

The counterculture was heavily involved in the cult of sexual freedom. This movement gained wide acceptance among youth in 1964 and had spread to many adults by 1967. For adults, sexual freedom found its most fervid expression in such therapy endeavors as those on the west coast where "sensitivity groups," "encounter groups," Gestalt therapy enthusiasts, and others gathered. Quick intimacy, full self-expression, sensuality, release of aggression, nude bathing, and sexual freedom were encouraged as a way to be "fully human" and free of artificial "hangups." Primitivism, celebrated in art and theater, was enthusiastically adopted by new lifestyle advocates. Being primitive was being "authentic," "natural." Sex outside of marriage and out-of-wedlock childbearing were celebrated as freedom from artifice and unnatural restraints. Concepts and activities of these kinds spread to many parts of the country as people flocked to find their "true selves" and relieve the pains of

¹It is not clear whether extramarital affairs actually increased during the late 1960's, although it seems likely that they did. Research reported by Reiss (1976) suggests that a more permissive climate was developing that favored them, especially among young marrieds. However, about 70 percent of the adult population opposed them. As in the case of premarital sex (see ch. 6), there did seem to be an increase in equalitarian affairs combined with affection, rather than exploitative sexual encounters. The small amount of research available leads Reiss to speculate that extramarital affairs combined with intimacy and affection were much more of a threat to marriage than casual ones, especially if the marriage were based on a close partnership.

loneliness, fear, anxiety, confusion, and purposelessness in a swiftly changing, depersonalizing, postindustrial, consumer society.

Self-fulfillment was a key concept of this movement—a concept that was still strong in the mid-1970's, although faltering under the impact of inflation, recession, and unemployment, as well as disturbing increases in violent crime and social disorganization. Born in part out of affluence and in part out of disillusionment with attempts to reform the larger society, this movement questioned the value of preoccupation with economic security and career achievement and of sacrificing one's self-interests to family, employer, and community. Under the leadership of some humanist psychologists, it proclaimed that the individual has great potential for "self-actualization" and is responsible only for the self, not for others. The values and behaviors of a person were to be individually determined and were not the business of anyone else. Being selflessly obligated to others prevented a full and desirable flowering of the self.

A counterhumanist movement, seeking the rational and planned control of human behavior, also became increasingly popular during the late 1960's. Behavior modification, growing out of the research of B. F. Skinner, espoused the systematic use of rewards and punishments to "shape" behavior in desired directions. The rational management of human learning through conditioning of human responses was seen by many as offering promise for a more workable, well-controlled society. This movement, based on the behaviorism of the 1920's, saw nothing to be gained from individual self-expression, ventilation of feelings, search for an individual identity, interpersonal intimacy, and the like.

THE NINETEEN SEVENTIES

The United States' involvement in Vietnam finally came to an ignominious end in 1973, a conclusion forced more by public protest than by any kind of political or military solution to the numerous problems of that unhappy country. Shortly thereafter, the United States was deeply shaken by the revelation of widespread corruption at the highest level of Government: the Presidency. The Watergate scandals forced the resignation of President Nixon and his immediate staff. Further revelations showed the alleged surveillance of many private citizens by the FBI and the brutal misuse of power by the CIA. Many big businesses and industries were also found to be engaged in illegal practices, and some Congressmen were found guilty of promiscuous sexual behavior as well as the misuse of public funds. The Nation rocked with lurid revelations; it

seemed as if the whole country had lost a sense of honesty, integrity, self-respect, and social responsibility. The continued escalation of crime throughout the country furthered uneasy feelings that the whole Nation was "falling apart."

Citizen apathy and distrust, expressed by young people as well as older ones, appeared to be the major popular reaction. In his national interview study of youth attitudes in 1973, Yankelovich (1974) found major differences between his earlier 1967 data and those of 1973, as shown in table 4-2.

Yankelovich writes that by 1971 radical political values and lifestyle values began to go their separate ways. The vast majority of students had no identification with the political left but were pressing forward for a cultural revolution against the Puritan ethic. This push continued into 1973 and gained many adherents from noncollege youth.

Major themes espoused among college youth in 1973 were greater sexual freedom, as well as privacy and self-expression. Few favored religion and patriotism as important values. The majority was interested in challenging careers with a future and good pay. The largest value shift was in the direction of a desire for more sexual freedom. In 1969, 22 percent of noncollege and 43 percent of college youth asked for more sexual freedom. By 1973, these proportions had changed to 47 and 61 percent, respectively.

Noncollege youth shifted radically in their values from 1969 to 1973; in the short space of 4 years they became much more like the college group. Twice as many in 1973 favored sex freedom (47 percent) and felt that premarital intercourse, abortion, and homosexual relations were morally acceptable. In 1973, only 22 percent of college and 34 percent of noncollege youth were morally opposed to casual premarital sex. Although 77 percent of noncollege youth in 1969 thought living a "clean, moral life" was very important, only half thought so in 1973. Only a minority advocated religion and patriotism as important values.

In general, both college and noncollege youth emphasized especially the values of love, friendship, and privacy; few were interested in changing society.

The effects of the sex role revolution are evident in many parts of the Yankelovich report. For instance, he found that 75 percent of his female respondents thought that concern with woman's sexual satisfaction was the most important quality in a man; the same proportion thought he should also be a good provider. Only one-third or less thought he should make family decisions, be handy about the house, be physically strong, or have masculine good looks.

Table 4-2.—*Some major social characteristics of the late 1960's and early 1970's as revealed by Youth Attitude Surveys conducted by Daniel Yankelovich, 1974*

Late 1960's	Early 1970's
Campus rebellion at height	Campus rebellion dies down
New lifestyles and radical politics appear together	Almost total divorce between radical politics and new lifestyles
College youth search for self-fulfillment in place of conventional career	Self-fulfillment sought within a conventional career
Criticism of United States as a sick society	Lessening criticism of society
Violence on campus condoned	Violence on campus rejected
Value of education questioned	Value of education endorsed
Widening generation gap in values and morals	Generations move closer together
Gap in values within the youth generation, between college and noncollege youth	Gap narrows: noncollege youth have adopted most of new social and moral norms
New code of sex morality, centering on greater acceptance of casual premarital sex, abortions, homosexuality	New sex morality spreads to mainstream college and working-class youth
Traditional work ethic challenged	Work ethic seems stronger on campus, but antiwork ethic spreads to noncollege youth
Harsh criticism on campus of major institutions: government, business, military, religion, universities, etc.	Less harsh criticism on campus, but criticism spreads to noncollege youth
Campus main source of discontent	Campus is quiet, but latent discontent spreads to blue-collar youth
Youthful idealism and concern for minorities	Concern for minorities lessens
College youth mostly liberal left	Political pressures both right and left; reduced political activity
College youth antagonistic to law and order	College youth more accepting of law and order

The great majority of female respondents also thought women should be free to take the initiative in sex. Only about half thought that having a child outside of marriage was morally wrong, and only about one-third thought casual sex relations were wrong. In the area of sex freedoms the women were only slightly more conservative than the men.

On the other hand, half of the noncollege women and one-third of those in college said having children was an important value. The great majority said they were interested in having children, disagreed with the statement that marriage is becoming obsolete, were opposed to extramarital sex relations, disagreed with the statements that jobs and careers are more fulfilling than homemaking and parenthood and that women should put their own fulfillment ahead of obligations to husband and children.

In general, the vast majority of young people in 1973 expressed satisfaction with their personal lives and future prospects. Most said they could accept conventional lifestyles and thought society was essentially healthy and its problems manageable. However, the great majority also said that special interests of business and politics were running the country for their own selfish goals. About half failed to vote in the 1972 Presidential elections. More than 50 percent thought that political parties needed reform or elimination. They felt they had a right to the following: free college education for their children, a secure retirement, high-quality medical care, participation in decisionmaking on their jobs. It appears that in 1973 the majority of young people saw little point in becoming involved in political action and would be relatively satisfied if their personal lives assured them personal freedoms, individual self-expression, and basic securities.

Minority youth were in a far less advantageous position than other youth. On the average they and their parents had less education, lower incomes, and more unemployment. They tended to be more pessimistic about their immediate and future prospects, more dissatisfied with society, more interested in radical social change (this was especially true for those who were not in college). Minority youth were more likely, as a group, to espouse increased sexual freedom, to doubt the viability of marriage, to accept having children out of wedlock.

It seems likely that by 1975 fewer youth in general would have expressed so much satisfaction with their personal lives and prospects because, by that time, the economic situation of the country had become considerably worse. Youth employment was deeply affected by the recession. The unemployment rate for young people between the ages of 16 and 19 reached its highest

peak in almost 30 years. As of June 1976 the unemployment rate was over 40 percent for black teenagers and 16 percent for white ones (*New York Times*, July 11, 1976).

The rate of female unemployment in 1974 was the highest for mothers of young children under age 3: 42 percent. Many of the employed mothers were working part time (Hayghe, 1975).

Expectedly, rates of poverty increased with unemployment. During 1975 there was the sharpest rise in poverty for any one period since 1959. The highest poverty rates existed on farms, in central cities, and in the South. Female-headed families, as in the past, were especially likely to be poor, particularly if they were black and young. Almost two-thirds of families headed by females between the ages of 14 and 24 had incomes below the poverty line, in contrast to 12 percent of such families with a male head (U.S. Department of Commerce, 1976).

The rate of first marriage had been declining for over 15 years, with an especially marked decline after 1967. As of 1976 it was unknown whether young people were simply deferring marriage or whether fewer would marry during their lifetimes.

As of 1976, the birth rate was the lowest for any year in the recorded history of the United States, although, as shown in more detail in chapter 9, it had dropped far less sharply for teenagers than other groups.

These figures concerning unemployment, poverty, marriage, divorce, and birth provide only a partial outline of the state of the Nation, especially for youth, in 1975-76. It would seem to present a disturbing picture for many of the young, especially but not exclusively for those with little education, few employment skills, and of minority group status.

It is not clear whether, by the mid-1970's, sexual freedom and individual self-expression were so strongly advocated by youth as had been the case a few years earlier.

As of 1975 the extremes of the counterculture and humanist therapy movements seemed to have run their course and the enthusiasm for human management vis-à-vis behavior modification appeared to be somewhat tempered. Possibly the same might be said for the extravagant beliefs that Utopia could be achieved through drugs, astrology, mysticism, and so on. Had the fervor for social and individual reform become more temperate, as so many learned through their own experiences that life is not amenable to simple, immediate "cures"? Had the culture shifted enough so that there was less perceived need for active revolt against prevalent values and norms? Were there dawning perceptions that complete individualism made family and community life impossible, that unrestrained

expression of sexual and aggressive feelings often caused more human misery than fulfillment? Was the swing by some to authoritarian and puritanical religions a reaction against so much individualism and a search for structure and external controls?

It is interesting to realize that the 16-year-olds of 1976 were born in 1960. Their developmental years were probably quite different from those of young people who reached this age in 1966. The latter were likely to have experienced a childhood of considerable security and conventionality, but as teenagers they may have been caught up in the social movements of the 1960's and experienced the disintegration of these movements. They probably had to struggle with parents and other adults to win their personal freedoms in the new mode; for them, "alternate lifestyles" may have been an exciting discovery and a symbol of their growing autonomy.

In contrast, the 16-year-olds of 1976 grew up as children in chaotic, confusing times. They probably became individually aware of the larger society in the early 1970's, a time of widespread disillusionment with Government, business, and industry. It is unlikely that they have needed to fight much with their parents for personal freedoms because there has been a large shift in the attitudes of adults as well as youth. Because adolescents need to search for their personal identities and values and separate themselves from their parents, will their search take them in more conservative, traditional directions or on to new explorations of individual self-expression as young men and women? It is difficult now to gain enough perspective to assess the trends of the current decade and what they mean for the adolescents of this time.

Chapter 5

Sexual Behaviors Preceding Heterosexual Relationships Among Adolescents—A Brief Overview

DEVELOPMENT OF SEXUALITY IN CHILDHOOD

As discussed in chapter 3 the development of sexuality is a basic part of the totality of human development, starting even before birth. From virtually any theoretical perspective most children gradually move from self-centered dependency toward a more socialized independence; from understanding and knowing almost nothing toward the ability to comprehend and deal more or less realistically with the outer world; from a deep attachment to parents (or parent substitutes) to attachment to others outside the family; from uninhibited expression of sexual interests to at least some control over these interests; from no sense of gender identity to an increasingly clear sense of gender.

A Longitudinal Study

There is no large-scale longitudinal research that adequately examines the development of human sexuality from infancy through adolescence and on into the adult years. One study (Kagan and Moss, 1962), however, followed a small group of largely middle-class boys and girls from birth through age 14; the same group was interviewed and tested when the members were adults. This careful, intensive study included an attempt to assess differences between the sexes with respect to such personality characteristics as dependency, passivity, anxiety, withdrawal, achievement, and sexual interests. Because the subjects were studied as children primarily during the 1930's and 1940's, many of the findings may not apply today. Moreover, there is a danger in making generalizations from such a small group in a particular place (an Ohio college town) to the larger population. Then, too, the researchers did not ask about specific sexual behaviors but used incidence of dating, for those 14 or younger, as a criterion of sexual activity for the first phase of the study and reported heterosexual behaviors for the adult phase.

Despite these limitations Kagan and Moss report a host of interesting findings. For instance, many behaviors, interests, and personality traits during the preschool years appeared to persist in overt or covert form into early adolescence and on into adulthood. A sense of gender was developed by age 3, along with recognition by young children of many male-female physical and sex role differences. Both boys and girls showed a strong desire to conform to ideal masculine or feminine typologies. A number of early personality tendencies of males tended to persist from one developmental stage to the next. Passivity, fear of harm, and low muscular activity in early childhood were found to be predictive of low sexual activity; social and sexual anxiety; dependence on love objects; conformity; avoidance of competition; and nonmasculine interests in later childhood, adolescence, and the adult years.

Early passivity among females had less pervasive effects, although it did predict adult tendencies toward dependency on love objects and families and withdrawal from difficult situations. According to the author, it was impossible to predict adult heterosexual behavior of females from data obtained about them in childhood and early adolescence. This may be because males generally take (or took) the sexual initiative and because the culture requires (or required) repression of female sexuality.

Beyond this obvious interpretation, Kagan and Moss hypothesize that passivity in males may be partly related to physical-constitutional factors, such as energy level and body build. It should be recalled, as shown in chapter 3, that male sex characteristics are particularly susceptible in their development to prenatal factors.

Early aggression among males was associated with later high levels of heterosexual activity and choice of a typically masculine occupation. Early aggression among girls was found to have less clear-cut outcomes, aside from the fact that such girls tended to channel their drives into high levels of academic achievement and to reject traditional feminine roles.

In general, measured personality tendencies (except for dependence and withdrawal) persisted over the years far more for males than females. These tendencies were: anger arousal, heterosexuality, achievement, overt heterosexuality, and spontaneity for males but not for females.

Sexual Behaviors of Children:

Voyeurism, Exhibitionism, and Sexual Curiosity

Although there seems to be no other systematic longitudinal research on the development of sexuality from infancy through the

adolescent years, it is commonly observed that infants (particularly boys) discover their genitalia early and derive pleasure from self-stimulation. The way in which parents or parent substitutes react to these early manifestations of infant sexuality are thought to have considerable effect on the child's developing self-concept as a sexual being. It is further observed that little children, through social learning, generally acquire the idea that all matters pertaining to sex have a special aura of forbidden pleasures. Seeing others nude and exposing the self (especially when the opposite sex is involved) take on exciting, erotic meanings. Throughout childhood, probably most children engage in these activities—ah! the joy of “playing doctor.”

Sexual matters become confused with the elimination process in early childhood, because many of the same or nearby parts of the body are involved. (See also ch. 3 concerning Freudian theory of oral and anal sexuality.) Depending on attitudes of families and other socializers, children acquire accepting or rejecting and differentiating or nondifferentiating attitudes about sexual and eliminative functions. The concept that sex is dirty can be indoctrinated by overly anxious toilet training procedures.

Young children also enjoy talking about sex, including elimination functions. Most parents find this kind of talk difficult to accept and tend to forbid it, as do other socializers of young children. As a result there is early learning that sex is something one cannot talk about in an open, realistic way. It is likely that later difficulties males and females have in verbal communication about their sexual feelings stem from these early childhood experiences.

In general, it is difficult for parents to find appropriate ways to deal with the sexuality of young children. According to psychoanalytic thinking, this is largely because of the Oedipal situation. (See ch. 3.) Whether or not this theory is accepted, the fact remains that parents need to help children learn to control their primitive interests in matters pertaining to both sex and elimination, just as parents need to help children learn to control other impulsive reactions, such as aggression. Ideally, children learn that these responses are natural but need to be expressed in limited, socially acceptable ways. Many children learn to feel guilty about sex and therefore repress and deny their sex interests because of punitive and overcontrolling socialization experiences as they grow up. This often leads to later difficulty in coming to terms with their sexuality. Other children learn few or no controls of their sex impulses from their parents and tend to behave in overly impulsive ways in their adolescent and adult years.

As adolescence approaches and more specialized sexual inter-

ests are aroused, sexual activities generally increase. Sexual expression takes a variety of forms depending on the characteristics of individuals and their social groups. Sophistication at dissemblance from others, and often the self, generally increases. Those adolescents who continue to express sexual interests on a direct, childish level of overt and compulsive voyeuristic or exhibitionistic behaviors are thought, by many students of the subject, to be displaying psychological problems. Knowledge about sex is sought from parents, peers, books, movies, magazines, and the like. Children and adolescents usually gain a mass of confused information and misinformation through this process. They also acquire "healthy" or "unhealthy" attitudes and feelings about male and female sexuality. Males are less likely than females to receive sex information from their parents and teachers because girls are thought to be more in need of knowledge that can protect them. This creates particular problems for boys because they are socialized to think they should be more expert on the topic of sex than girls. In addition, they may have greater difficulty acquiring a sense of sexual adequacy than girls do.

Learning about sex is also a difficult process for children and adolescents because of limitations in their cognitive development. As discussed in chapter 3, it is not until the middle or later stages of adolescence that the young person is able to think in conceptual, nonegocentric, future-oriented terms. The concept that a sexual relationship involves another person who may have different ideas about it, that pregnancy might very well occur, and that planning for contraceptive use is important are difficult for the young teenager to grasp. (See also ch. 6.)

This difficulty is not simply a cognitive one. As discussed earlier, young adolescents usually have not arrived at a stage of personality integration and ego and moral development that allows them to behave in realistic, responsible ways with respect to their sexuality in a partner relationship. Then, too, even more so than in childhood, few adolescents have the opportunity to discuss sexuality in a male-female situation, relatively free of anxiety and confusion. Thus, they have further difficulty in acquiring communication skills that would make it possible to talk with dating partners or future mates about their sexual values, needs, and feelings. Sex tends to become something you do but cannot discuss with the person most closely concerned. Under these conditions, sexual activity may become a substitute for interpersonal intimacy.

In brief, the many ways parents and children relate to each other in the broad area of love and sexual expressions of all kinds (including reproduction and family planning) have a deep effect on

the developing sexuality of the child and later, the adolescent. These learnings, combined with other, possibly inherent characteristics, are carried by the young person into the neighborhood, school, and community where the learnings are further affected by the knowledge and attitudes of peers and influential adults.

As we have seen, early behaviors, such as sexual curiosity, voyeurism, and exhibitionism, are part of the developing sexuality of the child and adolescent. Masturbation is another early manifestation of early sexuality.

MASTURBATION

It appears there are no satisfactory studies of masturbation that meet the criteria of adequate sampling, data collection techniques, and statistical analysis. Moreover, none of the few available studies is based on a coherent theory. Although these comments also apply to much of the other research about sexual attitudes and behaviors, they apply more cogently to this topic than to such subjects as premarital petting and intercourse.

Contemporary writing on the subject generally emphasizes the normality of masturbation among children and adolescents and sharply calls into question traditional beliefs that such behavior is sinful and dangerous. There still may be some validity to the concepts, especially pronounced by Freud and his followers, that compulsive masturbation and masturbation coupled with withdrawn behavior are symptoms of emotional disturbance. Compulsive withdrawn behavior of any sort can be a symptom of disturbance, especially in a culture that values flexibility and sociability. When this behavior is sexual, the problem is magnified because of social prohibitions against overt sexuality.

Though various investigators find different rates of masturbation, it appears that about half of today's teenage boys and about one-third of the girls masturbate by the age of 15. This figure probably rises to about 85 percent for males and 60 percent for females by the age of 20 (Sorensen, 1973; Hunt, 1974; Abramson, 1973; Arafat and Cotton, 1974; *Playboy*, 1976). There appears to be a reduction in fear and guilt about masturbation among contemporary adolescents, though considerable embarrassment about the practice remains (Sorensen, 1973; Hunt, 1974).

Although the data are conflicting, the principle seems to emerge that both males and females, on the average, start masturbating at younger ages than formerly and that a larger proportion of adolescent females are engaging in this behavior. Whether overall

male rates are rising or declining is open to question. On the other hand, the weight of evidence is that the rates for females by age 20 or so are probably twice as high as they were a generation ago. This is in line with other findings, to be reported later, regarding higher rates of premarital petting and coitus for females and a changing culture that seems to support equal sexual freedoms for men and women.

Further interesting findings were obtained by Sorensen. Like Kinsey, Hunt, and Arafat and Cotton, he found that girls masturbated less often than boys and less frequently reached orgasm. Girls were less likely to report enjoyment of masturbation; similar findings were obtained in a small study by Arafat and Cotton.

Moreover, nonvirgins were more likely to masturbate than virgins; young people who engaged in necking and petting were more likely to masturbate than the totally inexperienced. Girls, but not boys, who were currently engaged in coital experience were more apt to masturbate than any other group. Among other things, these findings suggest that the development of an orgasmic response may be more difficult for girls than boys. Sorensen finds that many girls who have intercourse do not reach full orgasm. Perhaps they turn to masturbation for release of accumulated tension.

Masters and Johnson (1966) amplify Kinsey's (1953) earlier findings that masturbation by females promotes their sexual responsiveness and orgasmic capability. Masters and Johnson have found that virtually all females they observed are orgasmic if they use appropriate masturbatory techniques and learn to accept their own sexuality. Sorensen's findings also suggest that masturbation either promotes heterosexual sex behaviors (especially coitus) or that these behaviors stimulate the need and desire to masturbate. Probably both factors are operating.

Both Kinsey and Hunt assessed the relation of masturbatory attitudes and behaviors to socioeconomic status. It was found in both studies that "blue collar" males and females were less approving of masturbation than "white collars" and less likely to practice it. Also, these studies showed that females, but not males, who were high in religiosity were less likely to masturbate (analogous to findings for premarital petting and intercourse).

These scattered research findings tell us very little about the role of masturbation in the development of human sexuality. It is rather astonishing that so much is written on the topic in the clinical and popular literature but that so little research has been done from the developmental viewpoint.¹

¹ Although a number of observational studies of many kinds of sex behavior have been carried out in anthropological research in a number of (mostly

HOMOSEXUALITY

Introduction

As in the case of masturbation, only a cursory review has been made of the research related to the topic of adolescent homosexuality.² This review strongly suggests that little is known about the subject, although a great deal has been written about it, especially in recent years. Advocacy of a more liberal attitude has been the major theme of much recent writing, similar to general cultural trends toward greater permissiveness about all forms of sexual expression. For example, a 1969 report of a National Institute of Mental Health Task Force on homosexuality urges more research, training, education, and preventive and treatment strategies, as well as a more liberal social policy, toward homosexuals (Sex Information and Education Council of the United States, 1970).

Before the "Freudian enlightenment," prevalent attitudes held homosexuality to be sinful and dangerous. Remnants of these beliefs still are found within the culture and the law. Freud and many of his followers attempted to take the sin out of homosexuality and substituted a sickness model, hoping to replace sympathy and treatment for condemnation and punishment. Beliefs that homosexuality is a symptom of emotional disturbance or mental illness still prevail in the minds of many.

More recently, from about the mid-1960's onward, beliefs and attitudes about homosexuality have moderated further, again in keeping with larger cultural trends that favor sexual freedom, individuality, and personal "authenticity." Numerous gay civil rights and activist groups throughout the country have promoted the concept that homosexuality is simply another form of love-sex behavior and merely a matter of personal choice. According to their views, the only problems associated with this orientation are those imposed by society itself in erecting barriers to employment, housing, social gathering places for homosexuals, and the right to marry and adopt children. The arguments of these groups have been effective in removing or reducing some of these restraints in many communities.

primitive) societies and another group of investigators has studied animal behaviors, we still know little about the part that masturbation plays in the development of human sexuality over the lifespan in a technological, complex society like that in the United States.

²Homosexuality is to be distinguished from homosociality. The first implies specific physical-sexual contact with the same sex; the latter implies close same sex friendships—a topic discussed in chapter 3.

The few studies of adolescent and youth attitudes toward homosexuality show an increasing proportion of people who are accepting of it for others, if not themselves. About one-half of blue-collar youth and three-fourths of college students in 1971 found "nothing morally wrong about homosexual behavior between consenting partners" (Yankelovich, 1974). About one-half of adolescents in the Sorensen study had heard of homosexuality and had some understanding of it. Most of this group expressed tolerant attitudes toward the individuals involved but had difficulty accepting the specific behaviors (Sorensen, 1973).

Incidence

Only a few studies using large samples have attempted to assess the incidence of homosexual behavior (Kinsey, Pomeroy, and Martin, 1948; Kinsey, Pomeroy, Martin, and Gebhard, 1953; Hunt, 1974; Sorensen, 1973; *Playboy*, 1976). It appears that homosexual contacts are most common before age 15 and that the incidence is higher for boys than girls. Sex play, consisting of exhibitionism, voyeurism, and mutual masturbation occurs fairly frequently in groups of boys between the ages of 8 and 13. About 10 percent of boys and 5 percent of girls may engage in sex relations with the same sex at least once during early adolescence. Among college students in 1976, 12 percent of males and 4 percent of females in a national sample said they had had at least one homosexual experience (*Playboy*, 1976). Only about 3 percent of males and half that many females are thought to engage in long-term, serious homosexual relationships. Although the Kinsey data suggest considerably higher homosexual rates than those cited above, a recent reanalysis of his data shows them to be in line with these figures. Despite the higher visibility of homosexuals in today's society, the prevalence of this behavior appears not to have increased. If anything, it may have decreased (Komarovsky, 1976; Freedman, 1971; Hunt, 1974; Karlen, 1971).

In actuality we have very incomplete knowledge about the homosexual feelings, interests, and behaviors of children and adolescents and the meaning this may have in relation to their overall development. Like masturbation, this topic has been so loaded with prohibitions and repressions from early childhood onward that ordinary survey and interview techniques are unlikely to obtain an in-depth understanding of this topic.

Causes

Only a few studies of the causes of homosexuality appear to be available that even approach the requirements of careful scientific

methods. Some insights are offered from studies with animals, but these contain the well-known problems of generalizing from animal to human behavior.

Bieber and his coauthors report on a well-known study of 106 male psychiatric patients who were self-acknowledged homosexuals compared with a matched group of psychiatric patients who claimed no homosexual experiences. In-depth psychiatric interviews revealed significant differences between the groups with respect to parent-child relationships. The mothers of the homosexuals were more likely to be described by their sons as domineering, overprotective, seductive, puritanical, frigid, preferring the son to the father, encouraging "feminine" interests in their sons and discouraging masculine ones, interfering with the son's social contacts with girls, and maintaining a close confidential relationship with the son. Sons tended to respond to these maternal behaviors dependently rather than rebelliously. Homosexual men were also more likely to have poor relationships with their fathers, with the sons failing to rebel against paternal rejection and control (Bieber et al., 1962).

Another study of male cardiovascular, rather than psychiatric, patients yielded fairly similar findings (Evans, 1971). Evans also found that homosexuals more often described themselves as children as frail or clumsy, nonathletic, avoiding fights, playing with girls, and loners.

It should be borne in mind that the above findings do not apply to all male homosexuals studied. Moreover, some of the non-homosexuals had similar family background characteristics.

A study of homosexuals drawn from the community compared with a matched group found that homosexuals were more apt to identify with their mothers though they were not different on measures of self-esteem and the ego ideal to which they aspired.

From the viewpoint of classical analytic theory, boys with close relationships with mothers of the kind described and distant relationships with rejecting fathers would have an exceptionally difficult time resolving the Oedipal conflict and would feel guilty, about having sex relationships with women whom they would see as their mothers. They might, therefore, turn to men for sexual fulfillment but would have difficulty establishing close relationships because of a primary attachment to their mothers and resentful feelings toward their fathers and other men.

A less involved explanation could be offered from findings of these kinds: Boys and men from such families would tend to be identified with females rather than males and would have failed to learn appropriate male family roles. (See also ch. 3.)

Female homosexuals have been studied less extensively than males. Largely theoretical formulations hold that these females had particularly close attachments to their fathers or, conversely, strongly identified with their mothers in opposition to fathers who were brutal, alcoholic, or in other ways failed to perform positive husband-father functions. In such cases, some girls adopted distrustful, antagonistic attitudes toward males and related closely only to females.

Experiments with animals such as guinea pigs, rats, and rhesus monkeys show that injection of male hormones prenatally promotes male play, courting, and copulating behavior among all animals born in the litter. Conversely, female sex behavior is exhibited when cyproterone acetate (androgen inhibiting) is injected prenatally.

Money and associates have carried out extensive studies of humans born with gender anomalies. They, too, find the importance of hormonal functioning in human development and gender behavior. However, in most cases, they find that social and psychological variables, including gender assignment to the young child, are usually far more important than biological ones in determining attitudinal and behavioral outcomes (Money, 1968).

Some theorists in the field hold that homosexuality is simply a learned behavior that has been positively reinforced by a series of gratifying homosexual experiences and few negative ones. This behavior may have had more rewards than heterosexual behavior, which may have met with few positive experiences and many negative ones. Early maturing boys, in line with this behavioral theory, may be more likely to become homosexual than late-maturing ones because they are physically ready for heterosexual experiences at an earlier date than is generally accepted by society and thus move to homosexual relationships.

Although it is commonly recognized in the literature that adolescents (especially boys) are often inducted into homosexual behavior through the advances of homosexual adults, this fact appears to be inadequately considered in the research.

Insufficient attention also is given in most of the research to the effects of a single-sex living situation on the sexual interests and behaviors of children and adolescents. For example, as a past consultant to a number of all-girl camps, it has been the writer's personal observation that preadolescent and early adolescent girls often form strong affectional attachments to older campers and counselors; these attachments have strong homosexual overtones, though they infrequently result in overt homosexual behaviors. It is probable that these attachments come about largely because of homesickness for parents and siblings, a different set of cultural norms,

plus rising sexual interests. The psychological milieu of the situation has been observed to be heavily affected by the sexual orientation of camp leaders. If some of the stronger ones appear to be committed homosexuals, a group contagion effect can be noted, with a large number of campers pairing off into "loving couples." Considerable anxiety may result, with even younger children becoming overtly aware of a homosexual lifestyle in the camp. It further has been observed that the great majority of these girls return to their heterosexual orientation soon after they reach home.

Situations of these kinds have been celebrated far more in literature than in scholarly studies. On balance, it seems rather surprising that so little scientific attention has been paid to the effects of varying life situations outside the home on the social and psychological sexual development of children and adolescents.

In Summary

It appears that homosexual play is fairly common in preadolescence, especially among boys. A small proportion of adolescents seems to experience active homosexual episodes. These are more apt to occur in early adolescence. An even smaller proportion (about 3 percent of boys and fewer girls) appears to engage in committed homosexual relationships. In general, the incidence of these behaviors apparently has not risen over the past 30 years, although expressed attitudes have become much more permissive, especially among people with a college education.

The causes of a homosexual orientation are not clearly known. Some evidence suggests origins in disturbed family relationships, in social learning, in prenatal endocrine factors, and in one-sex living situations at critical periods of development.

Chapter 6

Adolescent Premarital Heterosexual Behaviors and Attitudes

INTRODUCTION

Heterosexual behaviors and attitudes during adolescence usually have been researched and discussed in specific sexual terms. Research generally has referred to such sex activities as kissing and hugging, light and heavy petting, and intercourse. The general view is that these are step-by-step behaviors toward ever-increasing physical intimacy. Although this is likely to be true, it is a limited approach to the young person's overall development as a masculine or feminine human being during the adolescent years. It would be more appropriate to think of premarital sexual attitudes and behaviors as those that encompass the development of adolescents in their interests and abilities to form intimate, interpersonal social, psychological, and physical relationships, as they move from their families of origin to families they may form in the future. However, the nature of the available research requires an overemphasis on specific sexual subjects.

ATTITUDES

Overview

There are a number of studies of adolescent and youth attitudes toward premarital sex behaviors. The relationship between attitudes and behaviors is a perpetual, unresolved problem. It is probable that they interact in complex ways, with each affecting the other.

Although attitudes toward premarital sexual behaviors have fluctuated considerably over the years, it is beyond the scope of this paper to discuss these shifts in any depth. Sharp changes in the United States toward greater sexual liberalism occurred in the early 1900's and were reflected in the more emancipated behaviors of a sizable proportion of middle- and upper-class women in the 1920's. These changes have been documented by the Kinsey research (1948, 1953) and by numerous novelists and essayists of the period.

Increasing urbanization and industrialization in the United States, rising employment for women, an increase in women's rights, and greater contact with other cultures (especially in World War I) were largely responsible for these trends. As women became more emancipated from earlier puritanical prescriptions, men became more emancipated, too, especially in terms of greater freedom to have premarital and extramarital sex relations on a more equalitarian, companionship basis with women in their own reference groups (Reiss, 1960).

This trend toward increased sexual liberalization has strengthened recently, especially since the mid-1960's, as shown in chapter 4. It is probable, though formal research is scanty, that further liberalization of attitudes, if not of behaviors, had taken place between the 1920's and the 1960's, especially as a result of upheavals caused by World War II.

Reiss postulates that, while such changes may have occurred, the 50-year period between 1915 and 1965 mostly represented a time in which value shifts were being consolidated. By 1965 the United States was changing from an industrial to a postindustrial society and this brought forth a period of extensive social upheaval, including a push for more sexual freedom and youth autonomy (Reiss, 1976).

There is considerable evidence that, by the mid-1960's, high school and college males became more accepting than they were earlier of the concept of sexual expression primarily within an affectional, if not committed, relationship (Sorensen, 1973; Komarovsky, 1976). By the early 1970's, love and affection were highly esteemed by both sexes, with serial, if not permanent, monogamous intimate relationships being favored by the majority.

Strong double standard attitudes toward premarital sex behavior were found in various studies from the 1930's through the early 1960's (Terman, 1938; Burgess and Wallin, 1953; Kinsey, Pomeroy, Martin, and Gebhard, 1953; Ehrmann, 1959; Reiss, 1967). In general, young women tended to equate sex with love and feel that petting or coitus were unacceptable outside of a love relationship. However, young men were more likely to think that sexual "permissiveness" was acceptable in both love and casual relationships. These double-standard attitudes had declined on the part of both males and females by the mid-1960's and continued to do so through the early 1970's (Packard, 1968; Croake and James, 1973; Sorensen, 1973; Yankelovich, 1974; Hunt, 1974; Reiss, 1976). Although young men have more recently espoused an equal sex standard for males and females, several studies show that the majority still tend to feel that they want their wives to be virginal at

marriage or to have had a sex relationship only with them (Packard, 1968; Chilman, 1974; Sorensen, 1974).

As might be expected, college men tend to receive social support from their peers for premarital sex activity, while females generally do not (Carns, 1973). The evidence is suggestive, but not consistent in all studies, that females are more likely than males to behave in accordance with their own sex standards and males to behave opportunistically. This may be related to the now less prevalent concept that females in a relationship set the limits for sex behavior and that males "have a right to get what they can." It may also be related to the now debatable Kinsey finding that inexperienced females have a weak sex "drive." In writing on this topic, Reiss hypothesizes that women's roles are closer to the family than are men's and that their more firm and clear sex standards are tied to the marriage goals of most of them (Reiss, 1976). (See also ch. 3 for a more extensive discussion of differences between the sexes.)

In general, attitudes toward premarital petting and intercourse became more liberal among high school and college students from the mid-1960's through at least 1974, with the greatest changes occurring for women (Bell and Chaskes, 1970; Robinson, King, and Balswick, 1972; Christensen and Gregg, 1970; Yankelovich, 1974). By the early 1970's, the great majority of college men and about two-thirds of college women in at least one university said they favored premarital coitus. By 1976, a national survey of colleges showed that about 85 percent of college males and females approved of premarital intercourse (*Playboy*, 1976). There was also a growing tendency for adolescents and youth to hold that sexual behavior is more a matter of personal choice than of morality (Sorensen, 1973; Yankelovich, 1974; Robinson, King, and Balswick, 1972).

A 1973 Gallup poll showed that fewer than one-half of all Americans said that premarital intercourse was wrong—a 20-percent decline from 1969. A somewhat larger proportion of women than men thought this: 53 percent compared with 42 percent. Expectedly, older people were more conservative in their attitudes than younger ones. In 1973 only 29 percent of people between the ages of 30 and 45 expressed disapproval of premarital intercourse. Many of these people would have adolescent children and appear to be far less conservative in their sexual attitudes than might be supposed.

The largest shift toward liberality occurred among high school, compared to college, graduates. Regional differences were also found, with Southerners being the most conservative and Easterners the most liberal. As might be anticipated, single people were more liberal than married. Black males were found to be more permissive

in their attitudes than any other young group studied in both 1964 and 1973. Moreover, black females were more permissive than white females (Reiss, 1967; Yankelovich, 1974).

Factors Associated with Attitudes

We have already seen that attitudes about sexual behavior tend to vary by country, region of the United States, educational level, race, age, and sex. Other factors affect these attitudes. For instance, Cvetkovich and Grote (1976), in a report of an ongoing American Public Health Association study in three locations, show that sexually liberal attitudes are associated highly with experience in premarital intercourse, especially for white girls but somewhat less so for black girls; this is true to a considerable extent for white boys but to a lesser extent for black ones. This is not to imply that all these respondents approved of premarital coitus. Many were only somewhat, rather than fully, approving.

As the authors comment, one cannot tell whether these attitudes followed or preceded the behavior. For instance, many of the white girls said they "gave in" because their boyfriends expected it of them, rather than because they approved of premarital coitus for themselves (Cvetkovich and Grote, 1976).

The Jurichs (1974), following Kohlberg's formulations (Kohlberg, 1964), hypothesize that levels of cognitive moral development are associated with traditional or permissive sex behavior attitudes. In a study of a small group of college women, they found that subjects who were rated at low levels of cognitive moral development were significantly more likely to espouse traditional, double-standard, or permissiveness-without-affection values. Those at moderate levels advocated permissiveness with affection, and those at the highest levels thought that any kind of nonexploitative sex relationship was acceptable. This research tends to assess particularly the ability to arrive at independent, abstract principles; intellectually, the concept of the acceptability of any sex relationship, as long as it is nonexploitative, has a highly rational appeal in this age of readily available contraceptives and abortion. Definitions of exploitation, however, may be a bit difficult to arrive at, especially from the more subtle emotional point of view and of the various people involved.

Christensen and Gregg, in their 1958 and 1968 studies with comparable samples in three universities (Intermountain, Midwestern, and Danish) obtained findings as shown in table 6-1 (Christensen and Gregg, 1970).

These data show increased liberalization, between 1958 and 1968, of attitudes and behaviors of men and women in three

Table 6-1.—Percentages expressing approval of premarital coitus and percentages with premarital experience

	Intermountain		Midwestern		Danish	
	Males	Females	Males	Females	Males	Females
Approval of premarital coitus						
1968.....	38.4	23.5	55.4	37.4	100.0	100.0
1958.....	23.3	2.9	46.7	17.4	94.0	80.7
Have premarital experience						
1968.....	36.5	32.4	50.2	34.3	94.7	96.6
1958.....	39.4	9.5	50.7	20.7	63.7	59.8

different settings. The data also indicate culturally related variations. They further show, as do other studies, various kinds of gaps between attitudes and behaviors in the different locations at different time periods.

Reiss (1967) and Heltsley and Broderick (1969) found that conservative sex attitudes were associated with religiosity for whites but not for blacks. Reiss and others have speculated that the lack of association for blacks is related to the different beliefs and functions of white and black churches. Although the former generally hold that sex outside of marriage is wrong, the latter put little emphasis on this point. It is theorized that the "black church" more likely serves as a place for comfort and release of pent-up tensions than as an institution for moral guidance. It seems that this theory is too general; "black churches" vary by denomination, region, and social class. Moreover, in the past 15 years or so, churches are more apt to be integrated than formerly (for instance, at the time of the Reiss study).

The growth of new forms of religion and of religiosity among a fairly large group of young (and older) people since the late 1960's is probably creating more conservative sexual attitudes among a portion of the population. For instance, such popular movements as the Charismatic Christian, Pentecostal, and Evangelical religions are strongly puritanical in character and hold sexual freedoms in deep disfavor.

Reiss (1967) has hypothesized that liberal attitudes toward sexual behavior are one aspect of a generally liberal viewpoint. However, his research showed that this held true only for middle- and upper-class people. Later studies to test his theory obtained somewhat similar results (Cannon and Long, 1971).

LEVELS OF SEXUAL INTIMACY PRIOR TO INTERCOURSE

Overview

At least until recently, studies showed that most adolescents, especially young women, moved gradually toward advanced levels of sexual intimacies, such as "heavy petting" and intercourse, through a series of dating and going-steady experiences. A learning period was generally involved during which young people came to know each other better, to develop an affectional relationship, and to respond to each other physically. Kinsey (1953) found that young women seemed to develop their sexual interests through experiencing sexual stimulation in a relational context, whereas young men generally acquired sexual experience earlier, primarily through nocturnal emissions and masturbation. Higher rates of early masturbation among today's females and cultural changes, as well as more opportunities for privacy, may mean that today's young people are more likely to move quickly into physical intimacies than they did before 1965 or so.

Kinsey and other researchers found that the sexual revolution of the 1920's brought with it permissive "petting" behaviors for the more liberated adolescents. Before that time most middle-class females in the United States probably did not experience premarital intimacies. They were supposed to be completely virginal at marriage—untouched except, perhaps, for a chaste kiss.¹ Females were to be chaperoned on dates so that all temptations could be held at bay. This was the predominant theme in many "civilized" societies, although there were variations by social class, race, and nationality (Reiss, 1960). This theme was not nearly so strong for the majority of black people who suffered from the situations and customs of slavery, the Reconstruction period, and continuing discrimination (Bernard, 1966).

Liberalization of the sexual code following World War I included unchaperoned dating for adolescent males and females. The "dating game" grew in popularity and prevalence for the next 20 years or so. It spread to younger teenagers and became a social popularity contest: the more dates with the more partners, the better. About the time of World War II, however, dating patterns changed to the custom of "going steady" in high school and even junior high, a practice formerly reserved for college-age youth. The

¹This generalization may be more celebrated in stated attitudes than practice. Recent historical research is beginning to reveal more liberated premarital sexual behaviors among women in the American past than has been usually supposed.

prevalent practice of steady dating very likely increased the incidence of petting, especially heavy petting, because this was widely viewed by many youth as acceptable in the context of such a relationship (Reiss, 1960).

It appears that rates of premarital petting—particularly heavy petting—increased somewhat between the early 1920's and the early 1970's, especially for females and younger adolescents (Kinsey, Pomeroy, and Martin, 1948; Kinsey, Pomeroy, Martin, and Gebhard, 1953; Ehrmann, 1959; Chilman, 1963; Luckey and Nass, 1969; Sorensen, 1973; Robinson, King, and Balswick, 1972; Vener and Stewart, 1974). However, data on this subject are sketchy and unsatisfactory. Apparently, petting to orgasm has occurred for over half of both the male and female adolescent participants for at least the last half century. Males have been more likely than females to engage in heavy petting and at younger ages. They also have been more likely to move rapidly from petting to intercourse.

Over the years, there has been a large numerical gap for females between those who participated in petting and those who had intercourse. For instance, Kinsey (1953) found that about 84 percent of the females in his study were petting by age 18 but only about 10 percent were having intercourse. Similar findings were obtained by Chilman in 1961. By 1968, however, Luckey and Nass (1969) found this "erotic gap" to have narrowed, with 68 percent of the females experiencing petting by age 19; and 43 percent, intercourse.

Males, too, have experienced a gap, though a smaller one, between petting and intercourse. This gap has not narrowed so much over the years, primarily because male rates of intercourse have been consistently higher than female rates until at least the early 1970's.

It is frequently observed that premarital petting, especially heavy petting to orgasm, has been a device used to maintain the "technical virginity" of females. Although this is undoubtedly true, the *gradual* growth of sexual intimacies may be helpful to young people as an aid to their evolution into sexually mature adults. This may be truer for females than for males unless the nature of their sexual interests and responses changes in reaction to present socio-cultural trends toward a more sexually permissive society for females as well as males.

Male writers on the subject are frequently puzzled by the apparent contentment of young women to restrict themselves to heavy petting without moving on to intercourse. There are a number of practical reasons for this behavior: It greatly reduces the chance of becoming pregnant; females may be more readily orgasmic through

direct clitoral stimulation brought about by petting; and withholding full intercourse from the male until marriage is likely to increase his desire for this commitment. Freud's idea that sexual expression short of intercourse denotes infantile sexuality has been enthusiastically endorsed by other males who find intercourse far more satisfying, physically, than petting.

There is scanty evidence concerning the petting behavior of black adolescents. The little that we have suggests that far fewer have substituted petting for intercourse over the years. Because female virginity and births only within marriage appear to have been less emphasized by blacks than whites (except for the relatively small group of middle-income blacks), it seems likely that petting without subsequent intercourse is not widely practiced among the majority of black adolescents (Rainwater, 1970).

Vener and Stewart provide particularly valuable data from replication studies about progressive stages of sexual intimacy among high school students in both 1970 and 1973 in a largely middle- and upper-working-class school in a nonmetropolitan Michigan community. These researchers found that about 59 percent of high school girls, age 17 or over, engaged in heavy petting in both 1970 and 1973. The percentages were about the same for boys of this age (p. 732) (Vener and Stewart, 1974). (See tables 6-2 and 6-3.)

The incidence of this behavior increased at every age from 13 or less to 17 and older for both boys and girls, with the greatest increase occurring at 15-16 for both sexes. A statistically significant increase in petting behavior for the years 1970 and 1973 occurred for both boys and girls at ages 14-15 and 15-16. This further supports other findings that a recent major change in adolescent sex is the earlier incidence of sexual intimacies.

Factors Associated with Petting Experience

Expectedly, rates of petting increase with age, largely as a part of normal adolescent development and experience. These changes are shown by the Vener and Stewart data and a number of other studies.

For instance, Sorensen (1973), like Vener and Stewart, found that there was a strong tendency for young people to move into early physical intimacies by age 14 or 15 and progress further by age 16. His findings about the young people with no petting experience (mostly those under age 15 or 16) suggest that most had not yet fully entered the adolescent stage, with its push for independence from parents and for intimate love-sex relationships with peers.

Table 6-2.—*Heterosexual activity for boys in community B by age, 1970-1973*

Levels of sexual activity	Percentage of boys who have participated in an activity at least once									
	13 and younger		14		15		16		17 and older	
	1970	1973	1970	1973	1970	1973	1970	1973	1970	1973
I. Held hands.....	79	80	83	87	92	93	90	90	93	92
II. Held arm around or been held.....	60	67	79	78	83	87	90	87	90	90
III. Kissed or been kissed.....	63	65	72	78	76	84	86	85	86	87
IV. Necked (prolonged hugging and kissing)....	46	48	54	56	64	70	76	69	77	78
V. Light petting (feeling above the waist).....	37	40	49	55	59	66	70	65	71	71
VI. Heavy petting (feeling below the waist)....	32	34	36	42	44	56	53	55	62	62
VII. Gone all the way (coitus).....	24	28	21	32	26	38	31	38	38	34
VIII. Coitus with two or more partners.....	14	17	14	15	11	21	16	23	17	23
Number in sample.....	192	180	208	220	193	191	217	176	179	173

Table 6-3.—Heterosexual activity for girls in community B by age, 1970-1973

Levels of sexual activity	Percentage of girls who have participated in an activity at least once									
	13 and younger		14		15		16		17 and older	
	1970	1973	1970	1973	1970	1973	1970	1973	1970	1973
I. Held hands.....	78	84	91	87	92	89	95	91	95	97
II. Held arm around or been held.....	68	72	85	81	88	87	94	90	92	96
III. Kissed or been kissed.....	66	68	80	75	82	82	92	89	90	96
IV. Necked (prolonged hugging and kissing)....	46	43	64	56	69	65	81	77	82	84
V. Light petting (feeling above the waist).....	27	31	41	40	49	55	66	65	71	71
VI. Heavy petting (feeling below the waist).....	21	17	20	28	28	40	47	49	57	59
VII. Gone all the way (coitus).....	10	10	10	17	13	24	23	31	27	35
VIII. Coitus with two or more partners.....	7	4	4	5	4	10	8	13	8	14
Number in sample.....	191	222	197	218	195	220	200	190	142	185

However, some of them may have been timid and withdrawn in personality structure, some may have been late in physical maturation, and a few may have had a homosexual orientation.

In addition, a number of studies show that little or no experience in petting is often related to "religiosity," defined as frequent attendance at religious services (Kinsey, Pomeroy, and Martin, 1948; Kinsey, Pomeroy, Martin, and Gebhard, 1953; Reiss, 1967; Robinson, King, and Balswick, 1972; Sorensen, 1973).

Sorensen further found that young people who had engaged in petting but not in intercourse were a midgroup: more conservative in attitude and younger than the "nonvirgins" but less conservative and older than the "beginners." Members of the midgroup were more restless and dissatisfied with their sex lives than either of the other two groups and also reported poorer grades in school. This suggests that many were in a transition stage of middle adolescence and that a number might move toward full intercourse experience in the next few years.

PREMARITAL COITUS

Trends in rates of adolescent premarital intercourse appear to have increased even more sharply than those of petting in recent years, with a clear and continuing rise since about 1967. This is particularly true for white females. (Findings of major studies concerning rates of premarital intercourse for adolescents ages 12-19 are found in table 6-4 and for college students in table 6-5.)

By 1973 studies in various localities showed that about 35 percent or more of high school seniors, both male and female, were nonvirgins. In the same year, figures for college students rose to about 85 percent for males and about 60-70 percent for females.² By contrast, between 1925 and 1965, available research indicated rates of about 10 percent for white high school senior women and about 25 percent for white college senior women. Comparable figures for white males were about 25 and 55 percent. Thus, it appears that between about 1967 and 1974, premarital intercourse rates for white females rose by about 300 percent and for white males, about 50 percent. Somewhat similar trends have been observed in many parts of the world, most notably the industrialized countries and those developing nations in stages of rapid industrialization (George

²Interestingly, by 1976, a national survey of colleges sponsored by *Playboy* magazine showed that rates of premarital coitus were 74 percent for both sexes and that the rates for males had decreased by about 8 percent, while the rates for females had *increased* by about 10 percent in the past few years.

Table 6-4.—*Females and males reporting premarital intercourse as shown in various studies*
[Percent]

Investigations, dates of studies, and description of samples	Findings									
	Females						Males			
	Age at first intercourse by years of education									
	Age	0-8	9-12	13-16	17	Total	0-8	9-12	13	Total
Kinsey, Pomeroy, Martin, and Gebhard, 1938-50—Nonrandom sample, mainly northeast and north-central urban white females and males	13	9	1	—	—	1	14.5	16.2	3.1	14.8
	14						28.0	33.4	6.0	27.8
	15	18	5	2	1	3	42.2	44.7	9.5	38.8
	16						56.9	58.1	15.5	51.6
	17						66.8	68.3	23.1	61.3
	18						76.1	73.7	30.8	68.2
	19						80.0	75.6	38.0	71.5
	20	25	26	20	15	20	82.9	75.1	44.4	73.1
	Age at first intercourse by education									
	Age	8th grade		High school		College	No males included in study			
Gebhard, Pomeroy, Martin, and Christensen, 1938-55—Nonrandom sample, northern urban black females	<15	62		48		8				
	<20	82		82		49				
	Age at first intercourse									
Lake, 1966-67—Nonrandom national sample of 1,500 females ages 15-19 (only 15% in college)	Age	No males included in study								
	15									
	16-17									
	18-19									

Simon, Berger, and Gagnon, 1973—
Random sample, females and males
in Illinois

Age at first intercourse by education				
Age	College-bound	Not college-bound	Total	Education
15	4	11	10	College-bound 16
17	12	40	27	Not college-bound 31
18	23	40	38	Total 21

First intercourse by age 17 and occupational status of head of household

Year of birth	Low occupational status		High occupational status		
	Black	White	Black	White	
1920-29	41.6	2.5	34.6	3.6	No males included in study
1930-39	47.6	13.1	40.7	7.8	
1940-49	51.9	13.3	52.2	13.6	
1950-59	65.5	33.3	65.5	26.2	

Udry, Bauman, and Merri, 1969-70—
Low-income-area probability sample
of 16 cities. Retrospective inter-
views with black and white females
in birth cohorts by decades and by
occupational status of man who was
head of household when subjects
were ages 10-14

First intercourse by grade

Grade		
10	26	21
11	40	28
12	55	33

Jemor and Jemor, 1972—Random
sample of high school students in a
small Rocky Mountain city (52% of
original sample responded)

First intercourse by SES

SES		
Middle	56 (mostly white)	No males included in study
Lower	48 (races mixed)	

Miller, 1973—Junior and senior students
in two San Francisco high schools, by
socioeconomic status (SES); ages
about 16-18

Table 6-4.—Females and males reporting premarital intercourse as shown in various studies—Continued

[Percent]

Investigations, dates of studies, and description of samples	Findings										
Hunt, 1973—Retrospective data, national probability sample, with considerable sample loss	Females						Males				
	Age at first intercourse										
	Age										
	17	25						50			
Sorensen, 1972—Partial national sample, with many unknown biases, of females and males of both races (white majority)	Age at first intercourse										
	Age										
	12	3.2						9.7			
	13	8.5						20			
	14	14.5						30			
	15	26						40			
	16	35						49			
	17	37						55			
	18-19	45						57			
Kantner and Zeinik, 1972 (study in 1971)—National probability sample of 4,240 white and black females, ages 14-19; almost entire sample reached and interviewed	Age at first intercourse by poverty level and race										
	Age	Below poverty			Above poverty			Total both races and levels	No males included in study		
		Black	White	Total	Black	White	Total				
	15	34.1	12.6	32.2	30.2	10.7	10.8	13.8			
	16	53.9	18.3	46.4	37.2	17.0	17.5	21.2			
	17	60	22.2	57.0	48.7	22.4	21.7	26.6			
	18	64.4	26.4	80.8	81.2	36.1	35.5	37.1			
	19	82.4	38.6	80.8	81.2	41.5	40.4	46.1			

Finkel and Finkel, 1974—Sample of males in three high schools in large northeastern city

Age at first intercourse by race				
No females included in study	Age	White	Black	Hispanic
	12	6	45.9	23.3
	13	12.4	60.7	32.8
	14	23.7	74.0	49.8
	15	35.7	78.7	68.7
	16-17	48	84.0	75

Cvetkovich and Grote, 1974-75—Non-random sample of black and white females and males, ages 16-17, in two cities and one town

First intercourse by race		
Race		
Black	63	92
White	36	51

Vener, Stewart, and Hager, 1972—Replication studies with large, similar populations and same instruments, 1970 and 1973. Large sample, non-metropolitan Michigan area: three high schools in 1970; one in 1973. Probably white majority. School A—professional-managerial community; B—lower middle- and upper-working-class community; C—semirural, working-class community.

Age at first intercourse by type of school								
Age	1970			1973	1970			1973
	School A	School B	School C	School B	School A	School B	School C	School B
13 or less	7	10	7	10	8	24	24	28
14	7	10	8	17	7	21	23	32
15	12	13	13	24	19	26	15	38
16	18	23	21	31	21	31	31	38
17 or more	26	27	40	35	31	38	28	34

Table 6-5.—College level females and males reporting premarital intercourse,
as shown in various studies

Study	Sample	Percentage of group	
		Females	Males
Davis, 1920.....	1,200 college level women; single; mean age 37 at time of study	11	NA
Hamilton, 1929.....	100 college students married at time of study (retrospective study)	35	54
Bromley and Britten, 1938.....	618 single females and 470 single males; college or high school education; ages 16-23 at time of study	25	51
Peterson, 1938.....	419 male college students	NA	55
Porterfield and Ellison, 1946.....	328 single female and 285 single male college students	9	32
Finger, 1947.....	111 single male college students, ages 17-23 at time of study	NA	45
Kinsey et al., 1940's and 1950's.....	5,000(+) college level females and 3,000(+) males (retrospective study)	20-27	49
Ross, 1950.....	95 single male college students, age 21	NA	51
Gilbert Youth Research, 1951.....	National sample of college students; single; ages 17-22 at time of study	25	56
Landis and Landis, 1953.....	1,000 college female students and 610 college male students, single and married	9	41
Ehrmann, 1953.....	315 single females, ages 18-21 (interviews and questionnaires); 274 single males, ages 18-21 (questionnaires); 50 single males, ages 19-24 (interviews); in a Southern university	14	18-21
			19-24
			57
			68

		Single	Married	Single	Married
Chilman, 1961	Random sample of 50 single females and males and 40 married females and males, ages 18-21, in a Northeastern university	9	46	46	72
Mirande, 1966	Single undergraduate sociology students in a Midwestern university	23		63	
Freedman, 1965	Random sample of Stanford University senior female students; white; mostly upper middle class	22		NA	NA
		1965	1970	1965	1970
Robinson, King, and Balswick, 1965 and 1970	Representative samples from undergraduate social science class in a large Southern university: 115 females and 129 males in 1965; 158 females and 137 males in 1970	29	37	65	65
Kaats and Davis, 1967	Survey in two introductory psychology courses	41-44		60	
Carna, 1967	Probability sample of 1,177 students in Nation's nonreligiously based colleges and universities; interview study; adequate reliability stated	32.2		57.4	
		1958	1968	1958	1968
Bell and Chaakes, 1958 and 1968	Matched samples at an urban Pennsylvanian university: Dating Steady	10 15	23 28	NA	NA
Luckey and Naas, 1967	Survey of 21 nationally representative colleges and universities	43.2		58.2	

Table 6 5.—College level females and males reporting premarital intercourse,
as shown in various studies—Continued

Study	Sample	Percentage of group			
		Females		Males	
		1958	1968	1958	1968
Christensen and Gregg, 1970	Studies in 1958 and 1968 (same instrument and similar samples); three samples of college students—Mormon (Utah), Midwest, and Danish (omitted here); mostly white				
	Mormon	10	32	39	37
	Midwest	21	34	51	50
Playboy magazine, 1970	Survey of 7,300 students from 200 colleges		51		81
Playboy magazine, 1971					
Survey number two	Random sample of nationally representative colleges		56		77
		1968	1972	1968	1972
Bauman and Wilson, 1968-72	Random sample of University of North Carolina undergraduates; single; white; native-born	46	73	56	73
Jackson and Potkoy, 1972	Random sample of females in college dorms		43		NA
Simon and Gagnon, 1972	1967 national sample of 584 female and 593 male college students				
	Freshmen		19		36
	Sophomores		30		63
	Juniors		37		60
	Seniors		44		68
	Total		32		56

Jessor and Jessor, 1973.....	Random sample of college seniors in a Rocky Mountain community; over 50 percent sample loss ^a		85		82
Sarrel and Sarrel, 1974.....	Study of 1,200 entering freshmen, sophomores, juniors, and seniors at Yale University done in 1968 and 1972	25	75	33	62
Chilman, 1974	Random sample of white freshmen in a large, urban Midwest university (majority age 18)		39		50
Playboy magazine, 1976	Random sample of 3,700 students from 20 colleges and universities across the country		76		76

^aWhen these students were freshmen in 1970, 51 percent of the females and 46 percent of the males were self-reported non-virgins. By their sophomore year, this was true for 70 percent of the females and 65 percent of the males; and by their junior year (1972), these figures were 80 percent and 74 percent, respectively. Thus, rates increased by 50 percent from the freshman year to the senior year.

These data, interesting in themselves as descriptive of change for groups of college students over time, also indicate the importance in such studies of delineating the age and college years of the group under consideration and the difficulty of comparing one study to another when these facts are unknown.

Washington University Medical Center, 1976). We cannot be confident that the rates for noncollege youth between the ages of 18-21 have risen in similar fashion because adequate data are not available for this group.

By 1973 premarital intercourse was occurring at younger ages than in the past, with about one-fourth of white males and females apparently being sexually experienced by age 15 or 16, and with over 90 percent for black males and about 50 percent for black females (Vener, Stewart, and Hager, 1972; Vener and Stewart, 1974; Sorensen, 1973; Kantner and Zelnik, 1972; Jessor and Jessor, 1975; Finkel and Finkel, 1975).

Rates for premarital intercourse have risen more sharply than those for premarital petting, with the probability that, by 1973, heavy petting was far less of a substitute for intercourse than it once was. Inspection of data regarding heavy petting and those for intercourse suggest that, especially for young people over age 18, rates of premarital physical intimacy per se have not grown as markedly as it would appear, especially for females. It looks as if, compared with the early 1960's, fewer young women stop with heavy petting to orgasm. Rather, they tend to move on to intercourse. More liberal sex attitudes, plus the greater availability of effective contraceptives, may account for some of this change.

As of 1976 the great majority of young people (perhaps especially those of higher socioeconomic levels) appeared not to be promiscuous. Most limited their sex activity to one partner within a steady, committed relationship. However, there might be a series of partners over time. Although the concept of "casual sex" was being increasingly accepted by youth, this appeared not to be the norm.

Later average age at first marriage is probably one of the causes for higher rates of premarital intercourse in recent years. It may well be that, to a considerable extent, coitus among adolescents and youth has not actually risen so greatly, but that much more of it occurs before marriage, especially for females.

Although double-standard behaviors and attitudes decreased between 1965 and 1974, there still seemed to be a tendency at the latter date for males to start sex activity at younger ages, to be more aggressive in their pursuits, and more likely to have multiple partners (Sorensen, 1973; Jessor and Jessor, 1975; Vener, Stewart, and Hager, 1972; Vener and Stewart, 1974; *Playboy*, 1976).

Ehrmann (1959) obtained a possibly important finding in his study of college students. He learned that men had varying levels of sex activity at different times and with different partners. On the other hand, females tended to behave more consistently; i.e.,

if they had previously experienced coitus, they continued at that level in subsequent relationships. Does this suggest that females (a) at that time, at least, determined the level of sex activity allowed, assuming that males sought "all they could get"; (b) basically took the leadership in the level of sex activity (including "seducing the reluctant male"); (c) continued to see themselves as ready for intercourse once they had lost their nonvirgin status; (d) after they were sexually awakened to more intense levels of intimacy, found it difficult to behave in a less intimate fashion? Folk beliefs would tend to confirm all of the above hypotheses. Suggestion "d" particularly confirms theories advanced by Sherfey (1966b) to the effect that females probably have a higher sexual response potential than males and that their lower levels of sex behavior, especially as girls, are related to the extreme inhibitions placed on young, single females.

Frequency of Premarital Coitus and Numbers of Partners

Studies in the early 1970's showed that the majority of sexually active teenage girls, especially the younger ones, said they had intercourse only once or twice a month or less. Over half reportedly had had only one sex partner (Kantner and Zelnik, 1972; Sorensen, 1973; Miller, 1973a). White teenagers tended to have more sex partners than their black counterparts and to have intercourse more frequently (Kantner and Zelnik, 1972). Among college students the most recent (1976) data indicate that 45 percent of college women and 53 percent of college men said that they had had four or more sexual partners (*Playboy*, 1976).

Factors Associated with Premarital Coitus

A number of studies examine the association between adolescent premarital intercourse and other variables. We find, as in the case of petting, that the likelihood of premarital coitus increases with age. It also is more apt to occur (as one might expect) for those who date frequently, who go steady, or who consider themselves in love (Spanier, 1975; Sorensen, 1973; Reiss, 1976; Miller, forthcoming). (See table 6-6 for a summary of research findings related to this subject.)

Social Reference Groups

Some studies that find a positive correlation between having sexually permissive friends and being sexually active conclude that

Table 6 6.—*Summary of research associated with adolescent premarital intercourse*

Factor and study	Sample	Methods	Findings
Frequency of dating:			
Kaats and Davis, 1967	Students in college psychology class	Questionnaires	Sexually experienced girls dated more frequently than others.
Simon and Gagnon, 1972	Large sample of Illinois high school students	Interviews	Sexually experienced girls dated more frequently than others.
Ladner, 1971	Anthropological study in St. Louis black ghetto	Interviews and observation	Those who did not have premarital intercourse dated infrequently.
Presser, 1976b	Probability sample of N.Y. females who had had first child (both races)	Interviews, reinterview study	Those who had premarital intercourse dated either infrequently or extensively.
Furstenberg, 1976	Predominantly black, low-income group of adolescent Baltimore females	Longitudinal interview study over a 5-year period	Those who did not have intercourse during teens did not date as young adolescents.
Kinsey, Pomeroy, Martin, and Gebhard, 1948, 1953	Large sample that includes many blacks	Interviews	Premarital intercourse was associated with plans for marriage for females.
Ehrmann, 1959	Large sample of students in a Southern university	Questionnaires and interviews	Premarital intercourse for both sexes was associated with going steady.

Bell and Chaskes, 1970	Studies in 1958 and 1968 of 200 female students at an urban university	Questionnaires	Premarital intercourse was associated with going steady and engagement in 1958 but not in 1968.
Spanier, 1975	Used data from 1967 Institute of Sex Research study (see Carns, under Effects of social reference groups factor)		Age at first intercourse was associated with age and frequency of dating, going steady, falling in love.
Age:			
Kinsey, Martin, Pomeroy, and Gebhard, 1948, 1953	Large sample (many blacks) of females	Interviews	A rise in age of sexually experienced was noted from 3 percent at age 15 to 20 percent at age 20 (females).
Kantner and Zelnik, 1972.....	Large national probability sample of females, ages 15-19; races considered separately	Interviews	A rise in age of sexually experienced was noted with 10 percent of white girls having premarital coitus by age 15 and 32 percent of black girls; 20 percent of white girls by age 17 and 57 percent of black girls; 40 percent of white girls by age 19 and 80 percent of black girls.

Table 6-6.—*Summary of research associated with adolescent premarital intercourse—Continued*

Factor and study	Sample	Methods	Findings
Age—Continued:			
Sorensen, 1973	National sample of both races but with 46 percent sample loss	Questionnaires	9 percent of girls had premarital intercourse by age 13; 25 percent by age 15.
Jessor and Jessor, 1975	Local sample of white students in Boulder, Colo. (50 percent sample loss)	Interviews and tests	The rates of intercourse doubled between ages 15 and 17; 26 percent for females and 21 percent for males by age 15 (see table 6-1).
Vener and Stewart, 1974	Large sample from three Michigan high schools, 1970 and 1973	Questionnaires	A 33 percent increase in rates was noted between ages 15 and 17 for females; 20 percent for males (see table 6-1).
Age at puberty:			
Kinsey, Pomeroy, Martin, and Gebhard, 1948, 1953	Large sample (many blacks)	Interviews	Early maturing males, but not females, were sexually experienced at very young age.
Chilman, 1963	Random sample of Syracuse University students	Interviews and questionnaires	Early maturing males but not females, were sexually experienced at very young age.

Religiosity:

Kinsey, Pomeroy, Martin, and
Gebhard, 1948, 1953

Large sample (many
blacks)

Interviews

Females high in religiosity
were less likely to have
premarital intercourse.

Clayton, 1969

Sample of female and
male undergraduates at
a private Southern
Baptist college

Questionnaires

Students high in religiosity
were more apt to be
virgins; tendency
reduced for fraternity
members.

Kantner and Zelnik, 1972

Large national probability
sample of females, ages
15-19; races considered
separately

Questionnaires

Females who do not
attend church have
highest rates of
premarital intercourse.
Those who attend
church and are least
likely to have
premarital intercourse
are white,
fundamentalist, and
Protestant.

Jackson and Polkoy, 1973

Random sample of 330
white college females
living in dormitories at
a Midwest university

Questionnaires

Religiosity is associated
with virginity only
when students attend
church voluntarily.

Jessor and Jessor, 1975

Local sample of white
students in Boulder,
Colo. (50 percent
sample loss)

Interviews and tests

Nonvirginal girls were
unlikely to see
themselves as devoutly
religious.

Cvetkovich and Grote, 1976

Sample of "convenience"
of high school age

Questionnaires and
interviews

Virginity and religiosity
are linked, except for

Table 6-6.—*Summary of research associated with adolescent premarital intercourse—Continued*

Factor and study	Sample	Methods	Findings
Religiosity—Continued:	females and males in three localities		black males.
Effects of social reference groups:			
Mirande, 1968	Sample of 93 female and male students at a Midwest university	Questionnaires	Sexually experienced females were more likely to associate with similar peers. Males, but not females, received peer pressure to have premarital intercourse.
Clayton, 1969	Sample of female and male undergraduate students at a private Southern Baptist college	Questionnaires	Fraternity members were more likely than nonfraternity members to be nonvirgins. Opposite found for females.
Carns, 1973	Large sample from large nonreligiously based universities	Interviews by the National Opinion Research Center under direction of the Institute of Sex Research	Males were more likely to discuss sex experiences with their peers than females; greater peer approval for males than females.
Social-psychological:			
Freedman, 1965	Small sample of Stanford University females	Interviews and testing	Senior nonvirgins were more apt to have high

	studied over a 4-year period		
Kanin, 1967	Small sample of sexually aggressive college males	Interviews and questionnaires	impulse expression scores (Minnesota Multiphasic Personality Inventory) than virgins. Freshmen nonvirgins had significantly higher scores for "mania."
Vener and Stewart, 1974	Large sample from three Michigan high schools, 1970 and 1973	Questionnaires	Subjects were seductive, exploitative, sensitive to peer group pressure, and lacked sexual satisfaction. Nonvirgin females and males were more likely to engage in delinquent behavior-use of alcohol and drugs and were less committed to traditional values.
Sorensen, 1973	National sample of both races (46 percent sample loss)	Questionnaires	"Sexual adventurers" were characterized by low school grades, low religiosity, manipulative, early involvement in sex, conflict with parents, oriented to techniques rather than relationships.
Jessor and Jessor, 1975	Four-year longitudinal study of college and high school males and females. High school	Questionnaires and tests	Nonvirgin males significantly were more likely to have higher scores for independence, self-

Table 6-6.—*Summary of research associated with adolescent premarital intercourse—Continued*

Factor and study	Sample	Methods	Findings
Social-psychological—Continued:			
	group had 432 respondents, 50 percent sample loss		esteem, low achievement expectations, low parental controls, high parental acceptance of deviance, friends approving and modeling deviance, general deviant behavior (including use of alcohol and marijuana), low grade point average. Non-virgin females had similar scores except self-esteem was low and they had higher scores than virgin females for social criticism, positive view of sex, low religiosity, high value on affection, high alienation, and parent conflicts.
Miller, 1975	Small sample of single, white, sexually active females, ages 17-26	Unstructured interviews	Engaging in premarital coitus was associated with going steady, feelings of being in love,

increasing levels of intimacy, pressures from partners and peers, growing independence from parents, opportunities for privacy, effects of drugs and alcohol.

Nonvirgin females seemed to be more passive in relation to males, perhaps lower ego strength, risk-taking attitude (similar findings in other studies). Nonvirgin males seemed to be skilled and manipulative in interpersonal relationships, risk-taking, and somewhat irresponsible.

Nonvirgin females said home discipline was inconsistent (also found by Terman, 1938, and by Cvetkovich and Grote, 1975).

Women who did not have premarital intercourse were more apt to come from two-parent homes

Cvetkovich and Grote, 1976

Sample of "convenience" of high school age males and females in three localities

Questionnaires and inter interviews

Parent-child relationships:

Ehrmann, 1959

Large sample of students in a Southern university

Questionnaires and interviews

Bowerman, Irish, and Pope, 1963 ...

Large sample of predominantly black women in North Carolina

Interviews

Table 6-6.—*Summary of research associated with adolescent premarital intercourse—Continued*

Factor and study	Sample	Methods	Findings
Parent-child relationships—Continued:			
Kantner and Zelnik, 1972	Large national probability sample of females, ages 15-19; races considered separately	Interviews	of higher socioeconomic status in which mothers had considerable formal education and verbalized restrictive values. Nonvirgin females were more apt to be in one-parent families and in a variety of home situations (such as substitute parents) and in poor communication with parents.
Ladner, 1971	Anthropological study in St. Louis black ghetto	Interviews and observations	Virgin females were more apt to have mothers who were firm, involved with their children, had high educational-vocational goals.
Sorensen, 1973	National sample, both races (46 percent sample loss)	Questionnaires	Sexual "adventurers" were high school students who had a number of sex partners and communicated poorly with parents.

Miller and Simon, 1974	Large sample of high school students in Illinois	Interviews	Nonvirgin females, having many partners, were high on peer involvement and low on parent involvement.
Chilman, 1974	Random sample of urban university freshmen	Questionnaires	Nonvirgin girls were more likely to be in poor communication with parents.
Jessor and Jessor, 1975	A 4-year longitudinal study of males and females in college and high school; high school group had 432 respondents (50 percent sample loss)	Questionnaires and tests	Virgins were more apt to have mothers with conventional ideology, firm discipline, and affectionate behavior.
Socioeconomic factors:			
Kantner and Zeinik, 1972	Large national probability sample of females, ages 15-19; races considered separately	Interviews	Black females whose fathers had a college education had much lower rates of premarital coitus than other black females; this also was true for those who came from higher income families, especially for younger females. Rates were higher for rural-urban migrants.

Table 6-6.—*Summary of research associated with adolescent premarital intercourse—Continued*

Factor and study	Sample	Methods	Findings
Vener, Stewart, and Hager, 1972; and Vener and Stewart, 1974	Large sample from three Michigan high schools (study in 1970 and 1973)	Questionnaires	Lower rates of premarital coitus were found for young males (under age 15) in professional- managerial community. For girls, influence was most marked at all ages.
Udry, Bauman, and Morris, 1975 ...	Urban, low-income sample in 16 cities, with differ- ing age cohorts com- pared (females only)	Interviews	No difference in rates by socioeconomic status of father (among fine gradations of a low- income group).
Educational levels and aspirations: Kinsey, Pomeroy, Martin, and Gebhard, 1948, 1953	Large sample, many blacks	Interviews	Males with little education were more apt to be nonvirgins.
Pomeroy, Martin, and Christensen, 1958	Analysis of Kinsey data		Women with high levels of education were less likely to have had pre- marital coitus (espe- cially true for blacks).

Miller and Simon, 1974	Large sample of high school students in Illinois	Interviews	College-bound males were more apt to be virgins.
Udry, Bauman, and Morris, 1975 ...	Urban, low-income sample in 16 cities with differing age cohorts compared (females only)	Interviews	Strong association was found for females between virginity and highly achieved educational level. This was true for both black and white women.

peers strongly influence sexual behavior (Jackson and Potkay, 1973; Mirande, 1968; Carns, 1973; Spanier, 1975). On the other hand, sexually active young people may discover friends who have similar attitudes and behaviors. A number of studies find evidence that males are more heavily influenced by peers than females in their sex behavior, with strong pressures frequently being experienced by males to have intercourse.

Education and Its Effects

Positive attitudes toward education, higher levels of educational achievement, and clear educational goals appear to make premarital intercourse less likely for both white and black females (Gebhard, Pomeroy, Martin, and Christensen, 1956; Udry, Bauman, and Morris, 1975; Jessor and Jessor, 1975). The one available study on this topic that includes males suggests that the same may be true for them (Jessor and Jessor, 1975). The association between educational achievement and lower likelihood of premarital coitus is doubtlessly tied to interacting socioeconomic, social, psychological, and situational variables. For example, the student who does well in school is apt to come from a family background of higher socioeconomic status (SES); to value achievement; to be more rational, controlled, and conforming in orientation; to be oriented to work rather than play; to operate on a higher level of cognitive development; and to be able to foresee and plan for the future (Conger, 1973). These same characteristics may make him/her less likely to engage in premarital intercourse during the high school years. (In some ways, these characteristics are similar to those Jessor and Jessor found to discriminate between virgins and nonvirgins of high school age, as shown in a later section.)

Especially for females, involvement in a sexual relationship may frequently mean lesser involvement in educational achievement. Conversely, involvement in educational achievement (and thereby pleasing her parents and teachers) may make the girl less interested in involvement with a male or may make the girl less interesting to males. For example, strong educational drives and intellectualism can serve as a defense mechanism against openness of the personality to feelings and maturing sexuality.

Lack of educational success in high school may be more ego-deflating for girls than for boys. This finding was obtained in a recent inner-city study by Douvan and associates.³ Boys have an alternate route to high school "success" through athletics and, if

³Elizabeth Douvan, personal communication, 1976.

they achieve in this realm, are less threatened by high school failure than girls. Low self-esteem generally leads to anxiety about the self. One way to assuage this anxiety is to seek self-confirmation through a love-sex relationship, as Miller (forthcoming) found in his study of sexually active girls.

Psychological Characteristics

Several studies have closely examined psychological characteristics significantly associated with premarital coitus during the high school years. One investigation found that male and female nonvirgins tended to take a more permissive, risk-taking attitude toward sex relations and fewer of them reported themselves as religious—a frequent finding. Sexually active females, furthermore, seemed more likely to espouse a traditional female sex role, saying they participated in intercourse because the male expected it. Unlike the nonvirgins, the virgin females were likely to associate sex relations with the intimacy and interpersonal relations involved. The authors speculate that these findings suggest that nonvirgin females were lower in ego strength than the virgins (Cvetkovich and Grote, 1965).

Another highly adequate study finds that nonvirgins of high school age, compared to virgins, are more apt to have attitudes similar to those of other "deviant" youngsters: those who use drugs or alcohol, have a delinquent orientation, and are involved in student radicalism.⁴

In general (according to this study), nonvirgin adolescents had significantly higher scores for independence-achievement disjunction, valuation of independence and deviance, positive attitudes toward sex, parental acceptance of deviance, and peer acceptance and modeling of deviance. They had lower grade point averages in school, lower acceptance of parental controls, and lower expectations of achievement. Nonvirgin boys, but not girls, had higher measures of self-esteem. On the other hand, nonvirgin girls, but not

⁴It seems to the writer that it may be an error on the part of the Jessors to label nonvirginity, drug and alcohol use, and radical political activity as deviant for high school youth if, by deviant, one implies delinquent. None of these behaviors, in moderation, seem to be deviant, in the perjorative sense, in today's society; at least in its more liberal components. However, if deviant is interpreted as normal adolescent rebellion against adult norms, the concept seems appropriate. All of the above behaviors (in moderation) can represent a potentially healthy adolescent push toward independence and adulthood. On the other hand, these behaviors could be termed conforming for those adolescents who come from families who hold so-called deviant values and belong to social groups who also espouse them. (For an elaboration of these points, see Reiss, 1970.)

boys, were more likely to place a high value on affection and to feel they received little parental support. They saw their parents and friends as being in conflict with each other. The nonvirgin girls also were higher in social criticism and alienation and lower in religiosity than virgin girls (Jessor and Jessor, 1975).

These findings are extremely provocative, especially in terms of differences between the sexes. Although it appears that high self-esteem is associated with nonvirginity for boys, this is not the case for girls.⁵ It is noteworthy that high school girls who participate in premarital coitus appear to be especially lacking in affection and support from their parents and seek it through an affair with a boy. This lends further credence to the speculations concerning lower ego strength of nonvirgin girls as proposed by Cvetkovich and Grote and as cited above. The results of the Jessor study further suggest that nonvirgin high school girls are actively rebelling against social traditions, although Cvetkovich and Grote found that their nonvirgin female respondents tended to be traditional, at least in terms of the female sex role. It cannot be said with confidence, however, that the studies actually obtained different results because the questions they asked about traditional attitudes were not the same.

A different picture emerges for college-age females than for younger women in the Jessor and Jessor findings and in another small study (Freedman, 1965). For these subjects, differences in virgins and nonvirgins are more apt to be in the areas of independence, autonomy, self-assertion, and personal liberation. This suggests that, by the college years, sexually active young women experience less inner conflict and less external pressure over engaging in premarital intercourse. They have probably outgrown earlier dependence on their parents to a large extent; have become sure of their own identity and value systems; are more psychologically ready for a mature, intimate love-sex relationship. Then, too, social norms (probably including those of their parents) are more accepting of premarital coitus for young women in their late teens or early twenties.

A number of studies show that nonvirgins are more likely than virgins to use drugs and alcohol. However, aside from the study by Jessor and Jessor, several studies show that only promiscuity is associated with heavy drug use and use of hard drugs (Vener and Stewart, 1974; Arafat and Yorburg, 1973).

It is probable that there are a number of subgroups within the larger virgin and nonvirgin groups and that differing psychological

⁵This may in part reflect the psychological effects of the double standard which condemns premarital sex activity for girls but not for boys.

needs and attitudes characterize these smaller clusters. For example, Sorensen made a useful discrimination between sexual "adventurers" (those with multiple partners) and sexual "monogamists" among his sexually active high school youth. Adventurers (most of whom were males) were especially apt to be in poor communication with their parents and to have difficulty in making close interpersonal relationships.

A group of highly aggressive college men were studied in another project. They appeared to be manipulative, exploitative, and dishonest in their approach to females—somewhat like the "adventurers" mentioned above. They were more apt to be nonvirgins than other males, especially sensitive to peer group pressure, and likely to feel that low sex activity would occasion a loss of status with their friends. They also thought that their sex experiences were rarely satisfying (Kanin, 1967). These findings suggest that this is a group of males who are low in self-esteem, unsure of themselves as men, hostile in their attitudes toward women, and who engage in sex primarily to counteract their own sense of inadequacy.

Family Relationships

A number of studies found that parent-youth relations made a difference in adolescent sex behavior. Adolescents were more likely to have premarital intercourse if their mothers held nontraditional attitudes, especially if their mothers failed to combine affection with firm, mild discipline. (Large bodies of child development research report the central importance and generally beneficial effects of these two dimensions of parent behavior.) They were also more likely to have premarital intercourse if they perceived themselves to be in poor communication with their parents and unhappy at home (Simon, Berger, and Gagnon, 1972; Jessor and Jessor, 1975; Kantner and Zelnik, 1972; Sorensen, 1973; Reiss, 1967; Bowerman, Irish, and Pope, 1966; Ladner, 1971).

These findings do not necessarily mean that good parent-youth communication or lack of parent-youth conflict will prevent premarital sex activity among adolescents. It may also be that in many cases when young people become sexually active, they become less attached to parents, perhaps unable to talk to them about their sexual behavior or perhaps more rebellious toward parental norms and controls.

A number of studies show that at least one-third of the adolescents who are sexually active report anxiety and guilt about their behavior. This is especially true of females (Hunt, 1974; Sorensen, 1973; Bardwick, 1973; Reiss, 1973; Miller, 1974). The degree of guilt is associated, in part, with the attitudes of the peer groups to

which the young person belongs (Perlman, 1974). It seems likely that in a time of change from traditional to nontraditional values, people who engage in the new freedoms would find the transition process disturbing to their belief systems and their sense of self-respect, as well as to their relationships with other significant people in their lives, such as parents. Guilt may not be obvious to the research interviewer or even to the respondent, who may be repressing it. However, Bardwick (1971) gave projective personality tests and conducted intensive clinical interviews with sexually active college women. She found that despite their surface statements of ease with their behavior, they had underlying feelings of guilt and anxiety.

There are a number of suggestions in the research that adolescents who engage in sex relations at a very young age (12 or 13) may have special problems. Vener and Stewart speculate that they have less internalized guilt about sex relations. Sorensen's group of disturbed youngsters who were promiscuous sex adventurers also tended to have their first coitus at age 13 or so. Steinhoff (1976) found that young, sexually active adolescent girls were more likely to engage in sex behavior largely to please their boyfriends and did not enjoy it themselves.

As shown earlier in this chapter, as well as in chapter 3, premarital intercourse in early adolescence particularly may create problems for teenagers. Conversely, young adolescents with problems or values different from those of the mainstream culture may be especially likely to engage in premarital coitus. Psychological problems conducive to this behavior might be low self-regard, poor impulse control, and low levels of cognitive development.

Situational problems also may be conducive to this behavior. For instance, many of today's teenagers lack adequate parental supervision. Both parents are working out of the home, in many instances, with no substitute child care being provided for older children and teenagers. Although it is frequently assumed that children over the age of 10 or so are able to care for themselves, this seems to be a risky supposition, especially in today's society with its many sexual stimuli, confused values, and lack of cohesive communities. When the vulnerable psychological characteristics of many young teenagers are considered, it seems unwise to expose them to the extreme temptations that a home lacking in continuous, responsible adult presence offers.

Social Factors

The rapid increase in premarital intercourse, which started in the midsixties and was still on the rise in 1976, is one symptom of

massive changes in the rest of society. Chapter 4 shows that many aspects of the social revolution of the 1960's reached extreme forms of expression by 1967-68. As previously noted, this revolution shifted from an earlier idealistic push for orderly, intellectually enlightened social change to desperate and frequently violent eruptions. By 1967 the whole society seemed to "fall apart"; and this was the time that rates of premarital intercourse among adolescents began their sharp increase. People who had pushed for social reform in the early 1960's became disillusioned by 1967 or so. They turned, for the most part, from urging large social changes to seeking personal freedoms, especially freedoms that involved interpersonal intimacies.

By the late 1960's and into the 1970's, a "better world" was being sought *psychologically* rather than *sociologically*. "Old moralities" were being discarded by many (especially the young) and new faiths were being sought in various ways: through "open and honest" untrammelled relationships, mysticism, Pentecostal religions, and the like. It appears that society had reached a turning point in 1967 (Bernard, 1975), with respect to a number of aspects of sexual behavior. Those aspects that had been deviant were becoming normal in such areas as premarital intercourse for young females as well as males, equal sex roles, employment of women (including mothers of young children) outside the home, and postponement of early marriage.

Place of Residence

Premarital coitus is more apt to occur among adolescent females who have moved with their families from rural to urban settings. Such behavior is also more prevalent among females who live in the inner city or on the fringes of metropolitan areas (Kantner and Zelnik, 1972).

Socioeconomic Status (SES)

Findings are equivocal concerning the effects of SES on the sex behavior of adolescents. This may well be because no research has adequately taken this factor into consideration. One study (Kantner and Zelnik, 1972) found that black females whose fathers were college graduates had premarital coitus rates similar to white girls of the same status. Vener, Stewart, and Hager (1972) provide the best available evidence regarding the effects of SES on white adolescents. Their 1970 study of high school students was carried out in three different kinds of communities: one in which the predominant SES was professional-managerial; one that was mainly

middle- and upper-working class; and one that was semirural working class. Rates of premarital intercourse were quite different for both boys and girls in these three schools. There were considerably lower rates for boys in the professional-managerial community, especially at ages 13 and 14. The differences among girls were even greater. This was true at all ages, with 12 percent in the professional-managerial community being nonvirgins by age 17, compared with 27 percent in the upper-working-class community and 40 percent in the semirural, blue-collar community.

Poverty and Racism

The combination of poverty and racism plays an important part in the higher rates of premarital intercourse among black teenagers (Kantner and Zelnik, 1972; Udry, Bauman, and Morris, 1975). These two factors tend to breed attitudes that make it more possible to cope with the harsh situation of being poor and a victim of discrimination. Although black teenagers in low-income families, like most other adolescents, generally aspire to good jobs, adequate incomes, social respectability, pleasant homes, and a happy family life, their life experiences tend to force them to reshape their values, attitudes, and expectancies. Many are apt to take on the lifestyles that others around them have been forced to adopt. Attitudes of distrust, fatalism, hostility, anti-intellectualism, apathy, hopelessness, and alienation may develop. These attitudes are apt to adversely affect relations between the sexes, making them somewhat shallow and impermanent because the future is so dubious (Rainwater, 1970; Chilman, 1966; Ladner, 1971).

These attitudes, combined with extremely high unemployment for black males, lead to lower marriage rates and a greater incidence of marriage breakdown. About half of low-income black teenagers have grown up in one-parent families; and marriage seems to them to be neither particularly viable nor desirable.

The inner-city environment is usually characterized by serious social disorganization, poverty, poor and crowded housing, and inadequate human services of all kinds. Nonmarital sex is prevalent as are other forms of "deviant" behavior, both on the part of the residents and nonresidents who visit the area for illicit activities, including prostitution (Rainwater, 1970).

Under these conditions young people are exposed to sex in all its forms at a very young age, and parents have a near-impossible task in attempting to control their behavior. This is especially true for boys, who so often lack a father in the home and who model themselves after the street culture which holds that males prove

their virility by sexual exploits with a large number of women (Hammond and Ladner, 1968; Staples, 1973; Liebow, 1967; Schulz, 1969).

Although daughters and mothers value virginity until marriage and hope for "good steady husbands," most adolescent girls become involved in sex activity by the time they are 16 or 17, many at younger ages. If they are to go out with boys at all, such an involvement becomes virtually essential. Those girls who are educationally ambitious tend to seclude themselves socially and repress and deny their sexuality. They are backed in this by strong, controlling, achievement-oriented mothers (Ladner, 1971; Schulz, 1969).

Sex is viewed as a natural human behavior in the urban ghetto and the double standard of sexual morality is far less prevalent. Therefore, sexually active females tend not to feel guilt about their behavior, as if they had done something wrong, but rather feel shame for their mistakes, particularly if they get pregnant (Rainwater, 1970).

The majority of urban black adolescents eventually become sexually active before marriage (Furstenberg, 1976; Kantner and Zelnik, 1972). The life situation, needs for self-expression, the desire to be a real man or woman, and the forces of "fate" lead them to these behaviors. There are so few other ways for them to gain a sense of self-expression and status. Jobs are in short supply and low in status (in 1976, it was estimated that youth unemployment was over 50 percent in the urban "ghettos"). Schools are apt to be of poor quality, and education has little demonstrable payoff in terms of future employment.

The foregoing should not imply that low-income, black females are promiscuous. As we have seen, they are less likely than white teenagers to have had a number of sex partners, and they tend to have intercourse less frequently. The fact that black females, on the average, start their sex activity when they are younger and that twice as many have premarital intercourse is probably owing in large part to the findings sketched above; most of these findings are derived from a number of small, anthropological studies of urban ghettos in a number of large American cities.

Although research is limited, it appears that poverty among white people breeds many of the same attitudes and behaviors sketched above. However, the effects of poverty on whites are not as severe because they do not also include racism. Kantner and Zelnik's study failed to reveal behavioral differences among whites, by income levels, but it is probable that their income data were not

highly reliable. Moreover, they failed to make sufficiently fine discriminations between various income levels.

A recent study of white, blue-collar families confirms earlier research and shows that many of these families also feel locked into a life of continuing deprivation with little to look forward to in terms of higher education, rewarding jobs, happy marriages, and adequate income. To these families, too, there seems to be little use in deferring gratification and planning for the future. The findings of this study imply that premarital intercourse during adolescence is common. It is followed by early marriage, often to legitimate a pregnancy (Rubin, 1976).

Biological Factors

Almost none of the social and psychological studies of premarital intercourse have inquired about the age at maturation of the respondents. This is an unfortunate oversight. In general, we know that the average age at puberty has declined in the past 30 years. This could surely be a factor in the higher rates of intercourse among young teenagers today, though it probably would not affect the sharp rise since the mid-1960's.

Differences in age at maturation seem to have an effect on when individuals become sexually active. For instance, Kinsey (1948), and Chilman (1963) found that early maturing boys became sexually involved earlier than late-maturing ones. Similar, but less strong, tendencies were found for girls. (See also ch. 9.) Differences in age at maturation may also explain, to some extent, the higher rates of coitus among young black females because more of them have been found to reach menarche at age 10 and 11 than is true for white females. Data about the age at puberty of black males, compared with white ones, seem to be missing.

Individuals may have inherent differences in their responses to sexual stimulation. For instance, Kinsey (1948) found wide differences in self-perceived "sex drive" among his male respondents. Recall, too, the findings of Money about the effects of different endocrine levels on sex development and behavior, as well as the results of Kagan and Moss regarding the lower levels of sex activity among males whose tendencies toward passivity persisted from early childhood onward. (See ch. 3.)

Table 6-7 summarizes the research findings discussed in the foregoing pages concerning factors apparently related to premarital intercourse among adolescent males and females.

Adolescent Health and Premarital Intercourse

The rate of gonorrhea, but not syphilis, has risen among teenagers in the past 20 years or so, having tripled since 1956. The Center for Disease Control estimates that there are upwards of 2.6 million cases of gonorrhea annually. The rate for women is rising faster than that for men. The highest rates are found among 20-24-year-olds, followed closely by rates for 15-19-year-olds. The teenage rate of gonorrhea was about 12.16 per 1,000 for 15-19-year-olds in 1975.

Table 6-7.—*Summary of major factors apparently associated with adolescent premarital intercourse*

Factor	Males	Females
Social situation and culture:		
Equal sex role norms.....	Probably	Yes
Permissive sex norms of the larger society.....	Yes	Yes
Racism and poverty.....	Yes	Yes
Rural-urban migration.....	Unknown	Yes
Father with less than a college education.....	Unknown	Yes, for blacks
Peer group pressure.....	Yes	Not clear
Lower social class membership.....	Yes (probably)	Yes ?
Sexually permissive friends.....	Yes	Yes
Psychological:		
Use of drugs and alcohol.....	Yes	Yes
Low self-esteem.....	No ?	Yes ?
Desire for affection.....	No ?	Yes ?
Low educational goals and poor educational achievement.....	Yes	Yes
Attitudes of alienation.....	No ?	Yes ?
Deviant attitudes.....	Yes	Yes
Low religiosity.....	No	Yes
High social criticism.....	No ?	Yes ?
Strained parent-child relationships.....	Yes	Yes
Going steady, being in love.....	Yes	Yes
Risk-taking attitudes.....	Yes ?	Yes ?
Passivity dependence.....	No ?	Yes ?
Aggression, high activity.....	Yes ?	No ?
Biological:		
Early puberty.....	Yes	Yes ?

Note: Variables followed by a question mark are supported by only one or two small studies. The other variables are supported by a number of investigations.

Other medical problems that are sexually transmitted are infections in the genitals. These infections are thought to be on the increase. Some evidence also exists that the later development of cervical cancer in women is more likely to occur among females who have had coitus during early adolescence. The use of the condom helps to prevent genital infection, and the use of either the condom or the diaphragm may help to prevent the eventual development of cervical cancer (Baldwin, 1976).

Some Male-Female Differences with Respect to Adolescent Premarital Coitus

Some comments are in order regarding male and female sexuality because we have shown considerable differences between the sexes with respect to their sexual behavior and attitudes during their teen years. (See also earlier discussions of this subject in chs. 1 and 3.) Douvan and Adelson (1966) found in their survey in the late 1950's that adolescent girls became deeply involved in their love-sex relationships. Their sense of self-esteem and their needs for reassurance and love were closely linked. In a similar vein, Simon and Gagnon (1970) write that their studies have shown that girls, more than boys, are bound up as whole personalities with sex. Sexual stimulation is often seen by girls as threatening, producing conflicts with their value systems, and not related to them as total persons.

Bardwick (1971) reports that a study of sexually active University of Michigan students revealed that most were dependent on their male partners, found their sense of identity bound up in them, and saw their sexual liaison as mostly being a way of gaining intimacy and "holding their man." Numerous other investigations revealed that adolescent girls particularly value sex as a way of feeling close to their partners; they tend to prize the relationship far more than the physical aspects of sex.

Then, too, Lowenthal, Thurnher, and Chiriboga (1974) found in their study of four life stages that adolescent girls tended to be virtually planless, their lives dependent on the males whom they attracted. Much has been written about the faulty socialization of girls for this kind of dependency. Faulty as the socialization may be, the fact remains that many females put aside their own independent life goals when they become sexually and affectionately involved with a male.

Masters and Johnson (1966, 1969) found that adolescent girls are less orgasmic than older women. There is a wider variety both within individual females and among females, in terms of orgasmic

response, than among males. Anxiety, value conflicts, and inappropriate stimulation techniques are particularly apt to inhibit the female sex response. Of course, long ago, Kinsey (1953) found that females were slow in being awakened to their full sex response potential and accomplished this mainly in a close love-sex partnership. Sorensen (1973) and Konopka (1967) also report that many of the girls they studied failed to reach orgasm in their sex relationships.⁶

Males, on the other hand, are genitally oriented toward sex from early childhood onward and reach the height of their self-perceived sex drive at ages 15 or 16 (Kinsey, Pomeroy, and Martin, 1948). Douvan and Adelson (1956) also found in their study that there is a rapid increase in the sex drive for male adolescents, a drive that is biologically specific and difficult, if not impossible, to deny.

Currently changing social norms, growing out of vast changes in society itself, are advocating different attitudes and values about female sexuality. The female body is being reeroticized along with the widespread availability of contraceptives and abortion. Liberated women are taking the lead in asking for equal sexual, as well as other, rights. These new attitudes and norms are creating new socialization experiences for both males and females. It is too early to know how they will affect male and female sex behavior in the future, although, at present, trends seem to be toward increasing permissiveness for both sexes.

Far more difficult, but more important to learn, is the effect that these behaviors will have on the mental and physical health of both males and females, on their interpersonal relationships, on their future functioning as marital partners and as parents. Current trends are not encouraging; but we may be in a stage of transition that may lead to greater stability in the future.

Comment

A personal viewpoint may be appropriate here. It seems important to examine the values that appear to underlie at least some aspects of the sexual revolution. Of particular concern is an apparently growing attitude that casual sex is perfectly acceptable, that

⁶In discussions with counseling personnel in the adolescent unit of the Milwaukee Planned Parenthood Clinic, it was learned that adolescent girls frequently complain that they do not enjoy sex and fail to reach orgasm. Their partners, boys of their own age, reportedly are so quick in their arousal and orgasmic response that the experience is often seen as being exploitative and frustrating by the girls. This clinic is helping girls reach a better understanding of their own response potential and communicate their needs to their partners.

one can engage in both recreational and relational sex, that any kind of sex between consenting partners is acceptable as long as no one gets hurt. But how can one assess, in advance, the hurts that may come from intimate involvements treated in a superficial way and from involvements that may become wearisome for one partner but not the other?

It is difficult for the writer to believe that one can engage equally in casual "recreational" and committed relational sex, as some writers in the field prescribe. Advocacy of "sex as play" in a consumer, leisure society seems to be a childish approach to a basically serious subject, although playful sex with one's committed partner is a different matter. As discussed in chapters 1 and 3, sex relations between two people offer the ultimate opportunity for deeply intimate interpersonal relationships. Real intimacy becomes impossible unless responsible commitment, mutual trust, and shared identities are involved.

Both males and females have their special strengths and their special vulnerabilities. These strengths can be uniquely supported; these vulnerabilities can be uniquely assuaged in an enduring, intimate love-sex relationship. In an age of insecurity and depersonalization, these relationships become particularly important as a way of validating one's basic humanity.

The acceptance of casual sex seems to be linked to an easy acceptance of sex relationships for young adolescents. Do such relationships inhibit further growth of adolescents as independent, competent young people who have worked out their own sense of selfhood? Do early sex involvements, which are necessarily egocentric and immature, prevent later partnerships of greater depth and maturity? Or do such relationships perhaps help in the gradual development of a more mature sexuality? (Clues from at least one study now in progress suggest that early premarital intercourse may have negative effects on the maturation of certain cognitive, emotional, and interpersonal skills.⁷)

These are puzzling questions. We cannot presume to know the answers. Perhaps we can find some of them by working with young people in sensitive ways to help them assess their own experiences and clarify their own values. This value search has particular predicaments in the present day when marriage has far less rationale than it once did; when births can be, and need to be, controlled; when females are moving toward more equal rights and self-support opportunities; when all traditions are being questioned.

⁷George Cvetkovich, personal communication, 1977.

Perhaps the observations expressed here are particularly feminine; but this may lend balance to a field in which men have published much more than women. It seems as if there is a trend toward "masculinizing" female sexual attitudes and behaviors. There may be a danger in this. Traditionally, women have brought their interpersonal values and skills to the mate relationship and have helped their partners, thereby achieving fuller expression of their feelings. Denial of these feminine values and skills may endanger the quality of partnerships between the sexes.

Viewpoints given here also reflect a humanistic and romantic philosophy. This philosophy may not be appropriate for an increasingly collectivist, rational, and mechanized society. It may not apply well to currently popular concepts of self-expression and freedom. On the other hand, this philosophy may enrich these concepts since putting a high valuation on human intimacy can infinitely enhance the rewards of self-expression and shared freedoms between partners who explore together their human sexuality in all its aspects.

COHABITATION

Introduction

There has been a striking increase in cohabitation⁸ among young people, as well as older men and women, since 1966 or so. Much more is known about the prevalence and apparent causes, as well as consequences, of this lifestyle among college students than for any other group, including noncollege youth and younger adolescents. Research, to date, has centered on college populations, largely as a matter of convenience to the researchers.

A highly competent review of this research is presented by Eleanor Macklin (Macklin, forthcoming) who has taken leadership in stimulating studies in this field. Only the highlights of her review are presented here.

Trends

Macklin reminds us that in 1926 Judge Ben B. Lindsay promoted the idea of "companionate marriage," a legalized relationship involving no children, with the option of divorce by mutual consent. In 1929, Bertrand Russell carried this idea a step further in arguing

⁸Cohabitation is variously defined. In general, it means that two unrelated persons are living together in an intimate relationship, without a legal contract.

that such a relationship required no legal structure if a man and a woman chose to live together without children. These concepts, part of the sex revolution of the 1920's, were strongly opposed by the majority of people, and little was heard of these proposals until the mid-1960's, a time that we have already identified as a period of enormous social change. (See especially ch. 4.)

In 1966 Margaret Mead proposed a two-stage arrangement of marriage. Couples should first enter into an "individual marriage"—a licensed union in which two individuals would be committed to each other as long as they wished to stay together, but without children. The "stage two" parental marriage would be explicitly directed to forming a family and could not be entered into without a prior satisfactory individual "first stage" marriage; divorce would be more difficult. This proposal created a storm of conflicting opinions, with many expressing the belief that "first stage" marriages were immoral, unworkable, and exploitative (especially on the part of the male).

Despite opposition of these kinds, cohabitation increased among college students. The first graduate thesis on this topic was completed in 1968. Since that time, there have been at least 20 studies of "cohabitation on the campus." Research has taken place in all regions of the country. Both males and females have been studied. Some of the study samples have been samples of convenience. Interviews and questionnaires have been the major instruments used. Various groups have been compared, including married, noncohabiting, presently cohabiting, and formerly cohabiting couples. Some of the research systematically has tested theory-based hypotheses concerning issues related to the probable causes and apparent consequences of cohabitation.

The apparent causes of increased cohabitation are seen as residing in overall social and economic changes, structural changes (such as changes in social and housing regulations on campuses), and the psychological characteristics of the individuals involved. It is striking that so many colleges and universities adopted permissive attitudes toward the cohabitation of undergraduates by the late 1960's when one considers that undergraduate marriage was seen by academic administrators as a dubious arrangement in the late 1950's and early 1960's.

It is estimated from the research that as of 1975 about one-fourth of undergraduate students across the country were living or had lived in a cohabitation relationship. Glick reported in 1975 that 1960 and 1970 census figures showed a "spectacular" eightfold increase occurred during the 1960's in the number of household heads who were reported as living apart from relatives while sharing

their living quarters with an unrelated adult partner (roommate or friend) of the opposite sex (Glick, 1975). These figures had shown a marked increase by 1976.

The 1976 special census survey on the marital status and living arrangements of the population showed that "1.3 million persons lived in two-person households in which the household head shared the living quarters with an unrelated adult of the opposite sex (p. 5)" (U.S. Department of Commerce, 1977). Over two-thirds of the males and about one-fifth of the females in this situation were under age 25. However, the great majority of people who lived outside of a family structure reported that they were living alone.

Attitudes Toward Cohabitation

A number of recent studies have assessed college student attitudes toward cohabitation. These show that only about one-fourth of college students oppose this arrangement. As in the case of attitudes toward premarital intercourse, most college students accept the principle of cohabitation in the context of a strong, affectionate, preferably monogamous relationship. There is some evidence, again as in the case of premarital coitus, that males as a group may be more accepting of cohabitation than females and may not feel the need for as strong an emotional involvement before cohabiting.

Religiosity is associated with negative attitudes toward cohabitation. Moreover, somewhat as Jessor and Jessor (1975) found in their study of virgin and nonvirgin high school and college students, at least these studies have learned that females who approved of cohabitation were more likely to see their mothers as being rejecting and as holding nontraditional sex-role attitudes. Young women who approved of cohabitation were also more likely to characterize themselves as independent, outgoing, or aggressive.

A number of studies have shown that parents are far less likely than their children to approve of cohabitation and that these differences in attitudes are often a source of intergenerational conflict and poor communication.

Nature of the Cohabitation Relationship

Macklin concludes in her research review that there is no such thing as a typical cohabitation relationship. These relationships may range from casual (a small proportion of them), committed but not directed toward marriage, to committed and anticipatory of marriage. At least four researchers have concluded that cohabitation on the college campus is merely an added step in the courtship process—a kind of living out of going steady. Most of the cohabiting

young people studied favored eventual marriage to someone but felt they were not yet personally ready for marriage or not ready to commit themselves to the person they were living with.

Cohabitants Compared to Noncohabitants

Cohabiting persons were more likely than others to be liberal in attitudes toward sexuality, politics, and drugs, and to have friends who were nonvirgins. They were also more likely to have had a number of previous sex partners. They tended to be majoring in such fields as the arts and social sciences.

Cohabiting students have been found not to differ from others in these ways: perceived success of parental marriage, parental education or income, academic performance, and attitudes toward marriage. In general, it appears that campus norms are more influential in student cohabitation than are the particular characteristics of the students themselves. (However, students tend to choose a particular college partly because of their own or their parents' personal values.)

On the other hand, Macklin writes that research to date strongly suggests that, as cohabitation becomes a more common part of the culture, the majority of college students who experience a love relationship will probably experience a cohabitation relationship at some point in their lives.

Couples who cohabit generally place a high value on interpersonal commitment and the quality of their relationship. This may be especially true of females, although the research findings are somewhat conflicting on this latter point. Although cohabitation has been advocated by some as providing an opportunity for more equalitarian sex roles, studies of married, compared with cohabiting, couples reveal that in both kinds of relationships sex roles tend to follow fairly traditional lines; in other words, the females generally do most of the housework.

Although the majority of cohabiting couples who have been studied maintain a sexually exclusive, monogamous relationship, a small group subscribes to the concept of "open nonmonogamy." Following other advocates of "open marriage," this latter group holds that heterosexual relationships should be deromanticized, that they should be honest and realistic and dedicated to the "growth potential" of each individual who may need a number of relationships for his/her fulfillment. One study found that although the majority of couples subscribed to this attitude, only about 8 percent actually engaged in nonexclusive relationships.

Research concerning self-perceived satisfactions among young married and cohabiting couples reveals that their perceptions of

relationship satisfactions are very much the same. Studies also show that married couples who have lived together before marriage and those who have not appear to be similar in their marital adjustments. The degree to which both marital and nonmarital couples find their relationships highly satisfying appears to depend more on their capacity for forming close interpersonal, loving relationships than on the legal status of their partnerships. (For similar findings of large bodies of research concerning marital satisfactions, see ch. 10.)

One study dealt with the dissolution of the cohabitation relationship. This research revealed that women, far more than men, were likely to say that it ended because of interpersonal incompatibilities, especially in terms of feeling dominated, losing personal identity, being "bored" with the partner, fearing own dependency on partner, and having incompatible sex needs. Although this is a small study, the female complaints are familiar and have been shown as female-perceived difficulties in partnerships with males in other studies of the male-female relationship during the college years and at other life stages (see, for example, Bardwick, 1971; Sheehy, 1976; and Lowenthal, Thurnher, and Chiriboga, 1975).

Most students who have been involved in cohabitation relationships report that they have found them valuable in promoting their own personal growth and maturity. It appears that there are no more negative effects from cohabitation than from any other intense interpersonal relationship. Such a relationship is bound to have its conflicts and griefs as well as its harmonies and joys.

Interestingly, none of the research about cohabitation among college students seems to have included such subjects as contraceptive use, premarital pregnancies, abortion, or the birth of children. This strikes the writer as a rather startling oversight.

Chapter 7

Contraceptive Use

INTRODUCTION

In the last chapter we saw that about one-third or more of young people have engaged in premarital intercourse before the age of 18 and that this rate probably rises to about 75 percent by age 20 or 21. Many of these sexually active young people fail to use any kind of contraceptive; even more of them fail to use effective contraceptives and to use them consistently. This chapter reviews social and psychological research related to the topic of adolescent contraceptive behaviors and the possible reasons for these behaviors.

PREVALENCE OF CONTRACEPTIVE USE

As shown in table 7-1, only about 50 percent of sexually active females studied between 1968 and 1974 said they used any form of contraceptive at their first intercourse. About half of those of high school age reportedly have never used any form of birth control. Only half of sexually active college age women students say they use contraceptives consistently, but this is true of only 20 percent of those age 19 or younger (31 percent of the whites and 17 percent of the blacks).

Only a few local studies of contraceptive use by males have been made. Cvetkovich and Grote (1976) found that 89 percent of the black males and 69 percent of the white ones in their high school study population said they had had unprotected intercourse at least once. Similar findings were obtained by Finkel and Finkel (1975).

CONTRACEPTION METHODS

As shown in table 7-2, only about one-fourth of sexually active young people under age 18, reported in studies before 1975, said that they used the oral method of contraception. (The intra-uterine device (IUD) and diaphragm were rarely used.) This proportion of pill users rose to about 35 percent for sexually active youth over age 18 (50 percent for university students), according to

Table 7-1.—*Contraceptive methods reported by college youth*
[Percent]

Study and date	Sample	Orals	Condom	Withdrawal
Kantner and Zelnik, 1972; national sample.....	White Black	50 20	NA	NA
Fujita, Wagner, and Pion, 1971; one university.....	All races	35	35	NA
Bauman and Wilson, 1974; one university.....	White	14	70	60
Bauman and Udry, 1972; one university.....	White	59	70	50
Fox, 1975; one university.....	All races	47	NA	NA

studies conducted since 1970. Data in this table also show that between 25 and 50 percent of high school age youth report use of the condom at least occasionally and that this figure rose to 70 percent for at least two groups of university students. Further findings shown in table 7-2 indicate that a small proportion of high school age youth say that withdrawal is used (far less so by blacks). In at least one university, half of the sexually active males said they occasionally used withdrawal. Apparently, effective contraceptives were used consistently by only a small group of sexually active adolescents. However, precise data on this point generally are missing.

Other important findings about contraceptive methods are reported by Kantner and Zelnik. They estimate that highly effective methods (orals, IUD, or diaphragm) are four times as likely to be used frequently as are other methods. They also found that between 40 and 60 percent of sexually active single females of both races depended on male methods of contraception. Because the majority of adolescent males seems to be markedly inconsistent and perhaps unconcerned about contraceptive use, there seems to be a central problem with respect to their attitudes and behaviors and the reliance of so many adolescent girls on the contraceptive vigilance of boys (Sorensen, 1973; Finkel and Finkel, 1975; Kantner and Zelnik, 1972; Brown, Liberman, and Miller, 1975). If the few available studies are correct in their findings and can be generalized, a particular problem seems to reside with the contraceptive behavior of black males (Cvetkovich and Grote, 1976; Finkel and Finkel,

Table 7-2.—*Contraceptive methods of sexually active high school and college age youth*

[Percent]

Study, date, and sample	College students			
	No use, first intercourse	Never used	Consistent use	No use at last intercourse
Bauman, and Wilson, 1968 and 1974b; sample in one university	55	NA	NA	NA
Fox, 1975; sample in one university	55	NA	NA	NA
Fujita, Wagner, and Pion, 1971; sample in one university	NA	NA	50	25
Kantner and Zelnik, 1972; national sample	NA	NA	50	NA
	High school students			
Sorensen, 1973; national sample, large sample loss	55	NA	NA	40
Kantner and Zelnik, 1972; national sample	NA	25	31 (white) 17 (black)	NA
Settlage, Baroff, and Cooper, 1973; clinic sample	NA	61	NA	NA
Presser, 1974; New York City sample	50	50	NA	NA

1975), especially because virtually all of these males are sexually active by age 16, as reported in chapter 6.

FACTORS ASSOCIATED WITH CONTRACEPTIVE USE

Demographic Factors

Table 7-2 shows that contraceptive use is likely to increase with age. (A summary of studies concerning other factors associated with contraceptive use is presented in table 7-3.) The effects of socioeconomic status (SES) are different for white and black

Table 7-3.—Factors associated with contraceptive use

Factor and study	Sample	Methods	Findings
Age: Kantner and Zelnik, 1972	Large national sample of females, ages 15-19	Interviews	Contraceptive use increases with age. Use of medically prescribed methods was more characteristic of females, ages 18 or 19. Younger adolescents were more apt to rely on male methods.
Socioeconomic status of parents: Kantner and Zelnik, 1972	Large national sample of females, ages 15-19	Interviews	Black females with parent income of less than \$10,000 a year and whose fathers were not college graduates were more apt to use orals or intrauterine devices (IUD's). Both white and black females whose fathers were college graduates were more likely to use some form of contraceptives. Black females were more apt to use orals if living in mother-headed home. Respondents from higher income families and those whose parents were college graduates had most accurate knowledge about time of ovulation and pregnancy risk.
Educational level: Kantner and Zelnik, 1972	Large national sample of females, ages 15-19	Interviews	White but not black females in college dormitories or living alone were more apt to use orals; and college students were more apt to have accurate knowledge about ovulation and pregnancy risk.
Frequency of intercourse: Kantner and Zelnik, 1972	Large national sample of females, ages 15-19	Interviews	Use of orals increases with frequency of intercourse, in steady relationships, and with marriage.

Luker, 1975	Sample of over 1,000 women in abortion clinic	In-depth interviews	Use of orals increases with frequency of intercourse, in steady relationships, and with marriage.
Availability of services: Bauman and Wilson, 1974a	Surveys of random samples of students at a South-eastern university, 1968 and 1972	Self-administered anonymous questionnaires	Contraceptive use rose and methods improved between 1968 and 1972 in one university following an educational campaign and development of university-based clinic.
Kantner and Zelnik, 1972	Large national sample of females, ages 15-19	Interviews	Services were not easily available.
Luker, 1975	Sample of over 1,000 women in abortion clinic	In-depth interviews	Services were not available when needed; intercourse often not predictable; psychic costs of preplanning and of letting others know contraceptives are needed.
Presser, 1974	Sample of women with first-born children, New York City	Interviews, reinterviews	Contraceptives were not available when needed.
Psychological: McDonald, 1970	Sample of 212 women at a state university	Tests of attitudes towards "locus of control" (Rotter's theory) Questionnaires	Nonusers of contraceptives significantly were more apt to think their lives are externally controlled.
Goldsmith, Gabrielson, and Gabrielson, 1972	Sample of 377 sexually active girls at a California family planning clinic		Contraceptive-using nonpregnant girls were more apt to say they enjoy sex than girls who are premaritally pregnant and not contraceptive users. Contraceptors also were more apt to be white, middle class, college bound.
Kantner and Zelnik, 1972; and Shah, Zelnik, and Kantner, 1975	Large national sample of females, ages 15-19	Interviews	Major reasons given were: Believe "I can't get pregnant easily or won't get pregnant this time; will be lucky." Lesser reasons given were: Contraceptives interfere with sex pleasure and spontaneity; contraceptives are wrong or dangerous; pregnancy wanted.
Monsour and Stewart, 1973	Small group of female college students	Interviews	Guilt over own sex behavior inhibits contraceptive use.

Table 7-3.—*Factors associated with contraceptive use—Continued*

Factor and study	Sample	Methods	Findings
Psychological—Continued: Lindemann, 1974	Nonrandom sample of 2,500 females, ages 13-16	Self-administered questionnaires	Girls must come to terms with own sex behavior gradually and realize possibility of a pregnancy. Three stages of contraceptive use are: 1) trust to luck; 2) peer prescription—foam, condom, douche, rhythm, withdrawal; 3) medically prescribed methods.
Presser, 1974	Probability sample of wed and unwed women with first-born children, New York City	Interviews and reinterviews	Major reasons given were: believe won't get pregnant, pregnancy wanted. Other reasons given were: side effects of orals and IUD's not liked; contraceptives interfere with pleasure.
Cvetkovich and Grote, 1975	Large nonrandom sample of high school students in small, Western community and in two Eastern cities	Interviews and questionnaires	Males who were poor users of contraceptives seemed to be more apt to be socially irresponsible and oriented toward risk-taking; also said contraceptives were hard to get and to use. Males who were "good" contraceptive users were more apt to be concerned about sexual pleasure of partner as well as themselves, thought birth control was easily available, were not risk takers. Females were more risk-taking, more passive dependent, less likely to use contraceptives. Contraceptive-using females were more apt to be trusting in interpersonal relationships, including relying on their partners to use contraceptives.
Fox, 1975	Random sample of 684 male and female undergraduates at one university	Self-administered questionnaires	Females high on Rotter's self-sufficiency scale and who hold equal sex role attitudes were significantly more apt to use effective contraceptives effectively. Opposite findings for males.

Luker, 1975	Sample of over 1,000 women in abortion clinic	In-depth interviews	Major reasons given were: believe won't get pregnant; fear might not be able to get pregnant if continue using orals or perhaps not fertile; fear of possible side effects; not in a steady, secure love relationship. Men demand coitus even when contraceptives are not available. Benefits of pregnancy can outweigh contraceptive cost.
Miller, 1976	Small clinic sample of sexually active women, ages 17-30 (predominantly white group)	In-depth interviews	Contraceptives were used when fear of pregnancy was high. Use increases as women become more involved with partner, more accepting of own sexuality, more independent of parents. High anxiety and low ego strength often inhibit contraceptive use.
Reichelt, 1976	Sample of 500 adolescent girls at a Detroit family planning clinic	Counselor interviews	Major reasons given were: not wanting sex to seem planned, fear of side effects; not wanting contraceptives to interfere with sex pleasure.
Rosen, Martindale, and Grisdeala, 1976	Sample of over 2,000 women with problem pregnancies known to Michigan agencies	Self-administered questionnaires	Contraceptive users significantly more likely to score high on items measuring self-evaluation of personal competence and low on items revealing traditional female role attitudes.
Steinhoff, 1976	Sample of 200 abortion and maternity patients in a Hawaiian maternity hospital	Interviews	Passive orientation and little understanding of cause of pregnancy lead to inadequate contraceptive use. Other reasons were youth, lack of sex enjoyment, not going steady.
Race: Ladner, 1971	Anthropological study in black urban ghetto	Interviews and observations	Fear of contraceptives was widespread in community, especially among older women. Contraceptives viewed as cause of infertility, harm to baby; fertility was highly valued.
Kantner and Zelnik, 1972	Large national sample of females, ages 18-19	Interviews	Fewer black females showed accurate knowledge about "safe periods" during

Table 7-3—Factors associated with contraceptive use—Continued

Factor and study	Sample	Methods	Findings
Race—Continued:			
Finkel and Finkel, 1975	Sample of 421 male students in three high schools in Northeast urban region	Questionnaires	the month. Three-fourths of total sample thought pregnancy could occur immediately after menarche; fewer black females thought this. Accuracy of knowledge increased with age and college attendance.
Population Reference Bureau, 1975	Not applicable	Review of research and of other materials, including historical documents	Black high school male students less apt to use condoms and less apt to think contraceptive protection was important than white high school males.
Shah, Zelnik, and Kantner, 1975	Large national sample of females, ages 15-19	Interviews	Some of the "black power" organizations have expressed opposition to contraceptives as a form of genocide; males tend to be more opposed than females. Thirty-one percent of sexually active white females and 17 percent of sexually active black females said they used contraceptives consistently. The white respondents were twice as likely to cite safe time of month, and black respondents were twice as likely to cite low risk and desire for pregnancy as reasons for inconsistent use or nonuse of contraceptives.

females. Adolescent girls of both races are apt to use contraceptives more consistently if their fathers are college graduates. However, black girls from low-income families are more likely than those from more affluent ones to use effective contraceptives, such as the pill or the IUD. Somewhat the reverse is true for white girls (Kantner and Zelnik, 1972).

These latter findings are probably a result of the fact that family planning clinics for adolescents are more likely to be located in the central city where low-income blacks can readily reach them. Black girls from middle- and upper-class families would find it more difficult to reach and use these clinics, especially because their parents are apt to be particularly controlling of their sex behavior. (See ch. 6.)

Being a college student, especially living in a dormitory, appears to promote the use of oral contraceptives for white females but not black ones (Kantner and Zelnik, 1972). These racial differences, reported above, are somewhat puzzling. They may be caused by the more permissive sex attitudes of highly educated white but not black females. (See ch. 6.)

Religiosity is only slightly associated with contraceptive use, with fundamentalist Protestants being the least likely to employ contraceptives (Kantner and Zelnik, 1972).

Psychological Factors

The most frequent reason given by sexually active adolescents for not using contraceptives is: "I thought I would be lucky and not get pregnant" (Kantner and Zelnik, 1972; Shah, Zelnik, and Kantner, 1975; Luker, 1975; Sorensen, 1973; Miller, 1976). There is a certain amount of validity to this viewpoint, especially among young adolescents. As remarked earlier, many are not fertile until they are a year or so past menarche. However, having coitus without contraception cannot be assumed to be safe.

Adolescents who do not use contraceptives, or fail to use them consistently, have been found in several studies to hold fatalistic attitudes: to have strong feelings of powerlessness or alienation and to feel that life is controlled by external events (Rotter's test of locus of control) (McDonald, 1970; Fox, 1975). Similar results have been obtained in research with adults in many parts of the world, as well as in the United States (Bauman and Udry, 1972; Chilman, 1968).

A low sense of personal competence and a passive orientation to life are also associated with fatalistic attitudes. A number of studies show that these attitudes are linked to poor contraceptive

use (Rosen, Martindale and Grisdela, 1976; Cvetkovich and Grote, 1976; Steinhoff, 1976). Similar findings have been obtained in small studies with adults (Keller, Sims, Henry, and Crawford, 1970; Rodgers and Ziegler, 1968).

Traditional attitudes toward the female role include a passive, dependent approach to male-female relationships. Fox (1975) found that college women who failed to use effective contraceptives consistently were more apt to hold traditional sex role attitudes. Rosen, Martindale, and Grisdela (1976) obtained similar findings for women who failed to use contraceptives at all. Risk-taking attitudes are also associated with poor contraceptive use as found by Cvetkovich and Grote (1976) and by Shah, Zelnik, and Kantner (1975).

The foregoing attitudes—fatalism, passivity, a sense of powerlessness, feelings of incompetence, and risk-taking—all seem to be conceptually related to low levels of ego development and to lack of ego strength. (See ch. 3.) These traits are similar to those observed by Miller who conducted in-depth interviews with two predominantly white, matched groups of sexually active young women (ages 17-30). One group used contraceptives and had never been pregnant; another group was seeking abortions. He observed a circular effect of the subjects' assessments of pregnancy probability. When they saw this probability as high, they became anxious and tended to use contraceptives. When "pregnancy anxiety" was low, many did not use them. "Pregnancy anxiety" was complicated by anxiety about their own sexuality and about contraceptives. As others have found in studies of anxiety, when it was moderate, most of the subjects took action and behaved realistically (in this case, used effective contraceptives); when it became high, they tended to be immobilized. Combined anxieties about pregnancy, sexuality, and contraceptives tended to overwhelm the subjects and block effective action.

He saw a "typical sequence of contraceptive use." In the first 1 to 6 months of an affair, the women did not use contraceptives. They were anxious about their relationships with their boyfriends, the chance of pregnancy, their own sexual behavior, and general issues of family and independence. They tended to suppress a number of their worries. A missed period, often as a result of anxiety, mobilized some to start using contraceptives. Others, finding the missed period was a false scare, became desensitized to the possibility of pregnancy, which left them feeling safe and not needing contraceptives.

Miller noted personality differences among his subjects in the way they handled anxiety. Some coped with it realistically and

others denied possible dangers. He observed the great importance to contraceptive use of self-esteem, future orientation, and ability to control impulses (Miller, 1976).

In a 1973 article Miller writes in more detail about his concept of ego stress and resulting lower ego capacities as an inhibiting factor in contraceptive use. He observes that stressful events, such as the breakup with a partner, approaching marriage, an abortion with resulting guilt, and ambivalence, frequently undermine realistic contraceptive use.

Cvetkovich (1975) stresses the role of cognitive development in the failure of many sexually active adolescents to use contraceptives. As shown in chapter 3, cognitive development in early adolescence tends to be egocentric. Adolescents fantasize an imaginary audience. In performing for this audience, they have fears about their own sexuality; they find it hard to admit to themselves and others that they are becoming sexually adult. They also have their "personal fable" and tend to think of themselves as immune to danger. The fable may include imagined sterility or the thought that no particular incident of intercourse will result in pregnancy. Other aspects of this stage of cognitive development include poor ability to understand a situation conceptually and to foresee possible future effects of present actions.

Egocentric attitudes in early adolescence are also noted by theorists who write of both personality and moral development. (See ch. 3.) This egocentrism may be observed among those adolescent boys who feel that they have no contraceptive responsibility; rather, it should be left up to the girl (Cvetkovich and Grote, 1975; Sorensen, 1973).

Also, as shown in chapter 3, theorists in the psychoanalytic tradition see early adolescence as a time of such severe personality disorganization that the young person would lack the ego-strength to deal realistically with his/her own sexual behavior and rationally plan for contraceptive protection.

Early adolescence also is a time when impulse control is low and pleasure seeking is highly valued. A number of studies show that nonuse of contraceptives is associated with pleasure orientation to sex and the desire not to let planning interfere with spontaneity in sex relationships (Shah, Zelnik, and Kantner, 1975; Cvetkovich and Grote, 1976; Luker, 1975; Reichelt, 1976).

The feeling that planning will spoil the sex relationship is frequently expressed by females. Some commentators on this finding (most of whom are male) theorize that this attitude means that females who feel this way "lack a commitment to their own sexuality" (Miller, forthcoming; Simon and Gagnon, 1973). This seems to be

an overly masculine and sexist interpretation of the issue. The concept of "commitment to sexuality" seems to be far more masculine than feminine. It is quite possible that males, for whom sex tends to be more impersonal and exclusively physical than for females, promote this theory partly because it makes eminent sense from their own perspective and partly because it would provide them more opportunities for "nonrelational" coitus. (See chs. 1 and 3.)

The findings of Goldsmith, Gabrielson, and Gabrielson (1972), to the effect that contraceptive-using girls are more likely than others to say they find intercourse extremely enjoyable, are often quoted as proof that "commitment to sexuality" promotes contraceptive use. However, this study has many serious weaknesses in its design, analysis, and interpretation. It clearly fails to prove a causal connection between contraceptive use and "commitment to sexuality."

There are numerous reasons that females are less likely than males to become committed to sexuality, for its own sake, as shown in chapter 3. Rather, they are likely to become committed to a particular person with whom they have intercourse in the context of a love relationship.

Failure to accept one's own sexuality seems to be a better concept than lack of commitment to sexuality, with respect to the difficulties that many females have in coming to terms with their own sex behavior. Because most have been socialized to protect themselves against the sexuality of males, to preserve their own virginity until marriage, and to fear a premarital pregnancy, they may have problems in facing the fact that they are violating internalized norms and taking pregnancy risks.

Through having sexual relations, their sexual response potential tends to be stimulated. Sexual "needs" of which many were previously unaware become activated. These needs, plus the intimacy of the relationship, increase the female's dependency on her partner and activate fears that he may leave her, especially because she has become a "bad" woman and unworthy of love. She is fearful that, now that she is sexually and emotionally aroused and is dependent on a love-sex relationship, she may become promiscuous if her partner should leave her. His leaving would further reduce her chances of being loved and respected.

She is apt to be right in her belief that her male partner still holds double-standard values, even though he may say he believes in sexual freedom for women as well as men. He may have reservations about feeling love toward her after she becomes a nonvirgin. He is also likely to have problems in accepting his own sexual behavior with respect to her. Feeling guilty, he may blame her for taking part

in the relationship. (Though males may not have difficulty in accepting their sexuality, they well may have difficulty in accepting some forms of their sex behavior.) If the girl feels that the boy has reservations about accepting her as both sexually active and lovable, then her conflicts about accepting her own sexuality are apt to be increased.

Because adolescents of both sexes have not yet achieved their own identity and have not yet freed themselves of strong dependency needs, a sexual relationship that involves responsibilities for one's own behavior and a responsible commitment to another person is hard to achieve. The aroused dependencies of the girl probably make her feel that the boy should take care of her in every way, including taking responsibility for contraceptive protection. The boy is apt to feel overwhelmed by the girl's dependence and to resent her expectations for protection, including contraceptive protection.

The inability of young adolescents to meet each other's dependency needs in a relationship presents further problems to both of them. Most who engage in such a relationship are likely to feel they cannot discuss it with their parents. Because of their behavior, they can no longer be so dependent on parents as they once were. The "falling in love" process always requires a loosening of ties between parents and children; this process is seen as being particularly complex by psychoanalytic theorists, as shown in chapter 3. Although adolescents want to achieve independence from parents, the winning of independence is painful. It requires a period of trial and error and cannot be done abruptly without causing deep hurt.

It is probable that few parents can accept calmly premarital intercourse without a marriage commitment on the part of their children, especially their daughters. Therefore, sexually active adolescents generally must keep their sex behaviors secret from their parents. They usually cannot depend on them for help in this relationship, including help with contraceptives. The inability of sexually active adolescents to depend on parents increases their dependency problems in their partner relationships.

The foregoing discussion of adolescent sexuality largely applies to white and to middle-class black teenagers. Cultural patterns tend to be different for some low-income blacks. (See ch. 6.)

Some of these comments about problems that young females may have in accepting their own sexuality are illustrated by Luker, who conducted an in-depth interview study of over 500 young women who were applicants for an abortion and had been contraceptive risk-takers. This research provides important insights into the female point of view (Luker, 1975). Luker's major thesis is that the

risk-taking behavior of these women was essentially rational and that they had reasons for their decision not to use a contraceptive or to use ineffective ones at last intercourse. Essentially, according to Luker, these women used a cost/benefits decisionmaking approach, weighing the cost and benefits of effective contraceptive use against the cost and benefits of a possible pregnancy. Much of this reasoning was not rational in the ordinary intellectual sense, but it was rational in the personal-emotional sense. The women identified their goals and major desires and operated in such a way as to enhance the probability of achieving them. Luker details costs, as summarized below.

1. Acknowledgment Costs. The psychic costs are those of acknowledging that one is actually having intercourse.

2. Planning Costs. The psychic costs of planning ahead to have coitus are particularly disturbing to those who are not in a continuing, committed relationship in which intercourse is naturally expected by both partners. Despite changes in attitudes toward equality between the sexes, there are still feelings that the male should take the initiative in sex relations. In a sense girls and women seriously hazard their self-esteem as attractive, desirable females when they take the initiative in planning for intercourse, especially in tenuous relationships.

3. Costs of Continuing Contraceptive Use. It is psychologically difficult to continue to take the pill if a female's sex life is irregular and if she has separated from a lover or husband. Continuation reminds her of the loss and implies that she is searching for another partner. Does such continuation, without a steady partner, imply that she might be promiscuous? And what will a man think of her if she is "on the pill" but not in a steady liaison? Again, although attitudes have become much more permissive concerning sexual behavior, with casual sex becoming more acceptable for both men and women, inhibition remains for many females about being considered an "easy lay."

4. Problems in Getting a Contraceptive at the Time It Is Needed. This poses a problem especially for the female who is not in a steady relationship. Does she anticipate she might have intercourse long before the event so that she can get prepared with medically approved methods? Does she try to get a drugstore method? Supposing the drugstore is closed? And what are her feelings about being exposed as a sexually active female to the druggist and the people in the store? Then, too, there are times when one is simply carried away by passion, by love (or drugs or alcohol), and no contraceptives are available to either partner.

5. Male Attitudes. Many women see men as expecting or demanding intercourse. Their passive, feminine reaction persuades them to go along, even without protection.

6. Actual or Feared Side Effects. A number of the respondents said they experienced pain or excessive bleeding with the pill or IUD. Weight gain was a problem for some who used the orals. There were also fears of possible physical side effects from the pill.

7. Fear of Infertility. A number of respondents said they feared they might not be fertile and wanted to find out. In numerous cases they had acquired this fear from the remarks of physicians such as "You might have trouble getting pregnant" or "We ought to know whether or not you can ovulate."

Benefits of pregnancy were cited as follows:

1. It fulfills woman's traditional role.
2. It provides a child to love.
3. It is a proof of fertility.
4. It tests a man's commitment; it may encourage his desire for marriage or bolster a failing marriage.
5. It may please a husband or lover.
6. It is an attention-getting device from parents or others.
7. Pregnancy can be a "cry for help" or a risk-taking thrill (ideas of these kinds were relatively rare).

The majority of women saw the benefits of pregnancy largely as a way to make a closer relationship with the men they cared about.

In general, contraceptive risk-taking was seen as: "I actually have a high chance of not getting pregnant at any one intercourse. Pregnancy might not be so bad, and I probably won't get pregnant anyhow." The possibility of a legalized "backup" abortion was seen by some women as an encouragement to take such risks.

A number of respondents took many risks without getting pregnant. Then they tended to think this was something intrinsic. This led to difficulties, especially if they established a close liaison and had intercourse more often, thus increasing pregnancy risk. They needed to see that these risks usually resided in the *situation* rather than in themselves.

A variety of life stresses seemed to enhance the likelihood of risk-taking. These included the death of a parent, pregnancy of a sibling, a transition point such as graduation from high school or college, vague dissatisfaction with a job, the breaking up of an affair. (Also see Miller's comments on these points.)

Luker writes that with the availability of new contraceptive techniques and abortion, it has become increasingly difficult to get males to take responsibility for pregnancies. Pregnancy is regarded as the fault of the woman, who is made to feel guilty for being careless. (Not long ago, she was made to feel guilty for her moral weakness; now it is for her technological failure.) Luker further remarks that coitus-independent contraceptive methods, such as the pill or the IUD, remove males from a contraceptive partnership; this proved disturbing to some of the few men she was able to interview.¹ They also found that adolescent males who took responsibility for contraception were likely to be older, more responsible, skilled in interpersonal relationships, concerned about their partner's pleasure as well as their own, secure in their self-concepts and opposed to risk-taking.

Both Miller (forthcoming) and Lindemann (1974) reach the apparently sensible conclusion from their studies that sexually active adolescents gradually move toward effective contraceptive use as they become more realistically aware of their own behavior, its possible results, and the family planning services available to them. Lindemann proposes that there are three stages of contraceptive use: (1) the "natural," (2) "peer prescription," and (3) "expert." Characteristics of the natural stage are unpredictability of coitus, a belief in the spontaneity and naturalness of sex, infrequency of coitus, and movement toward clear heterosexual interests.

The peer prescription stage is characterized by attempts to learn about contraceptives from friends. The most commonly used contraceptive methods are rhythm, withdrawal, foam, condoms, and douche. Use may be planned or spontaneous and is dependent, in part, on the type of relationship. Misinformation is a major problem.

The expert stage is the third and last one. Lindemann comments that passage to this stage is dependent upon an overall maturing process as well as increased commitment to sex behavior and a steady relationship with a partner. Steinhoff (1976) obtained findings fairly similar to those of Lindemann, but she uses the term of learning to *accept* one's sexuality rather than becoming committed to sex behavior. (See the earlier discussion on this point.) Regression to earlier stages of contraceptive behavior can occur as a result of changes in the life situation, most notably breaking up with a partner (also noted by Luker and Miller).

¹Cvetkovich and Grote (1976) found that in intimate, committed relationships, the young woman (high school age) was more apt to be contraceptively protected, partly because her boyfriend took more responsibility for the protection.

Apparently only one study seeks to learn whether adolescents find their sex relationships enjoyable and whether this factor makes a difference in contraceptive use. As shown in chapter 6, many adolescent girls say that sex is often not satisfying and, in fact, is sometimes painful (a complaint often heard by staff in family planning clinics). Bardwick (1973) learned in her intensive, clinical research that the young college women often did not enjoy the sexual aspects of their relationships and resented their responsibility for using oral contraceptives.

She further writes (as others have) that both the orals and the IUD sometimes cause cramping and excessive bleeding. Bardwick emphasizes, too, that there is some evidence that the orals can cause depression, loss or increase of libido, tension, and low-energy levels in some women. It also is well known that contraceptive pills may present physical risks and that these risks may be especially great for young girls. However, this subject is beyond the scope of this report.

It is said frequently (especially by men) that these "minor" risks and discomforts are a small price to pay for the prevention of unwanted pregnancies (which carry a greater risk). This line of argument may fail to impress the young woman, especially if the relationship with her partner provides few satisfactions and many anxieties.

Knowledge and Attitudes as Factors

At least 12 studies have sought to assess the levels of knowledge of adolescents regarding the physiology of reproduction and contraception. Most of them show that there is little, if any, relationship between levels of measured knowledge and contraceptive behavior (Miller, 1976; Monsour and Stewart, 1973; Cvetkovich and Grote, 1975; Grinder and Schmitt, 1966; Goldsmith, Gabrielson, and Gabrielson, 1972).

For instance, Miller (1976) found contraceptive knowledge had little effect on sexually active young women if they were in a sexually stimulating situation. They tended to have coitus whether or not they were contraceptively prepared. Then, too, although three-fourths of his study population understood the principles and timing of ovulation, relatively few could apply this knowledge to calculating their own periods of probable fertility. Apparently this knowledge remained only on a general, intellectual level and was not incorporated into behavior.

Fairly similar results were obtained by Monsour and Stewart (1973) in their study of a group of abortion-seeking college women.

These researchers write, "Factual data and knowledge seem useless in the face of their lack of psychological knowing. Factual information from sex education courses, contraceptive publicity, and awareness of available services do not penetrate their sense of personal awareness and acceptance of their own sexuality." The apparent lack of significant effects of sex education at school was revealed in a small study of boys by Finkel and Finkel (1975). Although a slight increase in knowledge occurred following a sex education course, self-reported contraceptive behaviors did not change.

About three-fifths of the Kantner and Zelnik sample thought that pregnancy can occur immediately after menarche. Black girls were more apt to think pregnancy could only happen "some time later." As the authors comment, this group of teenagers was technically correct in their perceptions but such a concept could easily lead to unplanned pregnancies.

Over twice as many whites (42 percent) as blacks (18 percent) could correctly identify the period of ovulation. Nearly all the blacks thought that the time of greatest pregnancy risk was right before, during, or right after menstruation. Over one-third of the black subjects thought the risk was the same throughout the month.

Knowledge of pregnancy risk was highest for whites whose families were in higher income groups and for older girls and college students. It was also high for both races when their parents were college graduates. The most poorly informed subjects of both races lived in inner cities or the metropolitan fringes and had migrated from farms to urban areas. In terms of religious affiliation, the Jewish girls were the best informed; and the fundamentalist Protestants, the worst.

To a considerable extent, the subjects in the Kantner and Zelnik study who knew the least about pregnancy risks were also those who were most likely to have unprotected early premarital intercourse.

These findings could easily lead to the conclusion that lack of adequate knowledge is a key factor in the problem and that specially targeted sex and contraceptive programs are particularly indicated for these vulnerable groups. However, the total life situation, stage of development, and related lifestyles of young people are probably the more basic factors associated with both low-tested information and contraceptive risk-taking, as shown in the foregoing discussion of social, psychological, and knowledge factors in contraceptive behavior. Traditional sex and contraceptive education would probably have little impact on related behaviors. This does not imply that sex and contraceptive education is useless; but it does suggest that

such education, by itself, is unlikely to make much of an impact on the contraceptive behaviors of teenagers.

Relationships with Parents

Only a few adequate studies have sought to assess the effects of parent-youth relationships on contraceptive use. Presser (1975) hypothesized that feminine role socialization, as indicated in part by maternal attitudes and behaviors and the mother-daughter relationship, would have a strong effect on family formation behaviors of adolescent girls; but she found little systematic support for her theory.

For the most part Kantner and Zelnik (1972) found little association between family structure and the use of contraceptives. Their finding that girls who lived in a family headed by a woman other than their mother were particularly apt to use contraceptives is puzzling and perhaps not very important because few teenagers live in such families.

Furstenberg (1976) learned that discussion of birth control by mothers prompted its use, especially if mothers were specific in instructions about female-oriented techniques. As will be shown in a following section, Ladner (1971) observed the important effects of anticontraceptive attitudes of mothers and grandmothers on adolescent girls in a black ghetto.

Although research is meager regarding the effect of parents on contraceptive use by teenagers, personnel in family planning clinics often observe that adolescent girls say they could not possibly talk to their parents about contraceptives; this is a source of great concern to these young women. Conversely, a number of parent educators report that parents say that they could not talk to their teenagers about contraceptives as this would seem to condone premarital intercourse.

One small study (Burger, 1974) found that a group of black adolescent girls said that their mothers would not let them have contraceptives until *after* they had become pregnant. (This was also a policy in many public welfare agencies until the late 1960's or early 1970's.)

The Effects of Pregnancy and Marriage

Research findings are conflicting and limited concerning the effects of marriage plans on contraceptive use. Shah, Zelnik, and Kantner (1975) found few effects; but Steinhoff (1976) learned in

her Hawaiian study that couples who planned marriage in the near future tended to relax their contraceptive vigilance.

Both Miller (forthcoming) and Luker (1975) found that some young people (both male and female) did not use contraceptives because they hoped a pregnancy would precipitate marriage.

As one might expect, married adolescents are more likely than single ones to use effective contraceptives consistently. Contraceptives are obtained with less embarrassment and the fact of marriage condones coitus (Kantner and Zelnik, 1972; Presser, 1975).

Although the majority of teenagers say that they do not want a premarital pregnancy (Shah, Zelnik, and Kantner, 1975; Presser, 1975; Furstenberg, 1976), studies also show that many are ambivalent on this subject (Luker, 1975; Sorensen, 1973; Goldsmith, Gabrielson, and Gabrielson, 1972).

Reportedly (no formal research), a small group of middle- and upper-middle-class avant-garde teenagers value pregnancy as a way of being "natural" and free of hypocritical "hangups." Having an out-of-marriage baby while you are still in high school somehow proclaims that you are an authentic, unfettered child of the universe.

Teenagers who have been pregnant have a greater tendency to use contraceptives than those who have not, although many adolescents have several pregnancies while they are still in their teens. Kantner and Zelnik, as well as Presser, found that the "previously pregnant" are more likely to use pills or IUD's; this was especially true for black females in the Kantner and Zelnik study. However, as Furstenberg (1976) learned in his longitudinal research, contraceptive vigilance tended to decline among young mothers after a few months of use, even though most of them said they did not want another pregnancy.

The Influence of Racism and Poverty

As shown in the foregoing section, a few studies reveal that black adolescents are less likely than white teenagers to use effective contraceptives consistently. However, the research on this point is inadequate, especially in the case of males. The reasons that adolescent females give for not using contraceptives were studied, by race, in the Kantner and Zelnik investigation. They are reported by Shah, Zelnik, and Kantner (1975), as shown in table 7-4.

Data in this table show that about 70 percent of girls of both races did not use contraceptives because they thought they were at low risk of pregnancy. The whites were more likely to reason they were at the "safe period" in the menstrual cycle and the blacks that they were too young, had coitus too seldom, or had a general belief

Table 7-4.—Reasons given by never-married, sexually active females, ages 15 to 19, for not using contraceptives, 1971^a

[Percent]

Reason	White ^b	Black ^c
Time of month	45.2	24.3
Low risk	26.4	43.0
Not available	32.1	26.3
Hedonistic objection	23.9	23.2
Want pregnancy	12.5	24.7
Moral/medical objection	10.8	17.2

^aTable adapted from Shah, Zelnik, and Kantner, 1975.

^bNumber in sample = 454.

^cNumber in sample = 522.

they could not get pregnant. Although these reasons might indicate a lack of knowledge, it seems likely that they were also rationalizations, at least in some instances, as found by Miller (forthcoming). However, if the subjects were correct in their estimation of their ovulatory phase, white girls as a group were more likely to be protected from pregnancy than black girls.

Nonavailability of contraception was defined as not knowing where to get contraceptives or thinking they were too expensive, not having them at the time, or not knowing they existed (5 percent for the latter). Slightly more of the black females cited nonavailability as the reason for their failure to use birth control.

"Hedonistic" reasons given by one-fourth of both races centered around the thought that contraceptives reduced the pleasure, convenience, or spontaneity of sex. The similarities of the two races in this respect counteract a folk myth that black girls are more heedlessly "sexy" than white ones. (Findings generally similar to those presented in table 7-3 were obtained in two studies of small samples of low-income black adolescents (Burger, 1974; Furstenberg, 1970).

Ladner (1971), in her anthropological study of adolescent females in a St. Louis ghetto, advances some probable reasons for use and nonuse of contraceptives in this population. As both Burger and Furstenberg found, fear of contraceptives was widespread in the community. Although this was truer of older women, many teenage girls also expressed fear. There were worries that contraceptive use would cause death of the infant or mother, deformity in the baby, and infertility. Contraceptives were often viewed as a form of murder and "against nature."

Ladner reports that her respondents expressed strong feelings about the great value of life per se. Children were held in high esteem, as was fertility. In the traditional view, according to Ladner, a girl becomes a woman through having a baby; she performs her basic function and joins the community of experienced mothers. Through motherhood she can gain maturity, strength, autonomy, and respect. Adolescence is not seen as a life stage and as a period of preparation for maturity; rather, children move into adulthood when they become parents (a view held by most rural, traditional societies).

Davis (1974) provides rich insights from her overview of theory and research concerning the difficulties of rational, trusting, realistic, future-oriented behavior on the part of people who live in urban black ghettos. Although she does not discuss family planning per se, she addresses many of her remarks to the use of health services in general. Her main point is that life conditions in the black slums are such that they severely strain ego functioning and cognitive development—factors important to the consistent use of effective contraceptives, as we have seen.

Davis writes that this population is generally hesitant to seek health services of a nonemergency kind or at the early stages of a physical or emotional problem. Distrust of authority, tendencies toward depression and denial, and learned passivity all play into this behavior.

Because many of these mothers and grandmothers have had little experience with contraceptives and traditionally are opposed to them, adolescents in these families probably would have little socialization for contraceptive use.

As remarked in chapter 6, the life conditions for inner-city adolescent black males are threatening especially to their sense of masculine adequacy. This probably is one reason that they seem to take so little responsibility for contraceptive use; impregnating a female affords them proof of virility.

Inner-city black males also tend to be attracted to antiestablishment black power movements. A recent publication on family size and the black American (Population Reference Bureau, 1975) traces the origins and expressions of the anticontraceptive position of some black organizations. Although such "establishment groups" as the National Association for the Advancement of Colored People and the Urban League have taken positions favoring family planning, other groups such as the Student Nonviolent Coordinating Committee, the Black Panthers, and the Black Muslims have been opposed to contraceptives and limitation of family size. Some proclaim that such limitation is a "genocidal plot by the white

establishment" and that the main hope for strength among black people lies in their numbers. Others (especially the Black Muslims) hold that self-control (as in the use of rhythm and withdrawal) is much more natural and moral than artificial control.

As the authors of this publication remark, black people have many past and present reasons for suspecting that white people are attempting to exploit and control them. However, females tend to be less suspicious of the family planning movement than males.

Black people are not the only ones to suffer from poverty and feelings of being trapped in a low socioeconomic position. As shown in the preceding chapter, many members of blue-collar families also feel depressed and hopeless about themselves and their futures and believe that planning for better lives will avail them little (Rubin, 1976). The life situation and resultant attitudes of this group and of whites at an even lower SES probably go a long way toward explaining the finding that adolescents from these families tend not to be consistent users of effective contraceptives.

IN SUMMARY

Only about 20 percent or fewer of sexually active adolescent females appear to have been using effective contraceptives consistently as of the early 1970's. Some of the chief characteristics found more frequently among female nonusers or inconsistent users of poor methods in general seem to be the following:

1. Being less than age 18
2. Being single
3. Not being in a steady, committed dating relationship
4. Having intercourse sporadically
5. Being a fundamentalist Protestant
6. Coming from less than a middle-class family
7. Desiring a pregnancy
8. Being black
9. Not being a college student
10. Not having had a pregnancy experience

STRUCTURAL BARRIERS TO USE OF CONTRACEPTIVE SERVICES FOR TEENAGERS

The foregoing discussion has emphasized the social and psychological characteristics of adolescents who use (or fail to use) contraceptives. The impediments to use do not reside only within young people as individuals. Barriers to service are also important.

Although service programs are not the main subject of this report, it would be a serious omission to simply overlook them.

A recent study by Urban and Rural Systems Associates (URSA, 1976) provides valuable information about family planning programs for teenagers and how these programs might be improved. According to this study of both patients and programs, adolescent girls who were patients of clinics and filled out questionnaires administered by the investigators identified the following to be important barriers to their use of family planning services:

1. Requirement of parental consent (laws for single females under age 18 who have not been previously pregnant require this in over 20 States). Some programs operating in States that do not require parental consent still ask for it because they fear reprisals from parents if they do not.
2. Lack of confidentiality of patient records.
3. Poor clinic location and high visibility of the service.
4. Costs of service. Many adolescents feel they cannot ask their parents for money for clinic fees and do not have adequate funds themselves.
5. Long waiting period for appointment; long waiting within the clinic.
6. Inconvenient hours when teenagers are at school or required by parents to be at home.
7. Lack of knowledge that services exist.
8. Impersonal, aloof attitudes of clinic personnel, rigid rules, lack of consideration of patient's need for privacy.
9. Female orientation of clinic, thus making males feel unwanted and embarrassed if they do accompany their partners to the clinic.

These program barriers will be discussed at greater length in chapter 12, along with the constraints which often inhibit program improvement.

Many people fear that the provision of contraceptive services for adolescents will increase the numbers who engage in intercourse. However, as the foregoing research review shows (see especially ch. 6), teenagers participate in sex relations for a number of physical, social, and psychological reasons that have little, if anything, to do with the availability of contraceptive services. Also, as shown in this chapter, the great majority of sexually active teenagers do not use a medically prescribed contraceptive method when they first start having intercourse. In fact, the URSA report, cited above, confirms the findings of other studies that about 75 percent of adolescent girls do not come to a contraceptive clinic for help until they

have been sexually active for more than a year. Almost all of them had had intercourse before they applied to clinics for contraceptive assistance, thinking (perhaps rightly) that contraceptive services are not available.

Psychological attributes found more frequently among female adolescents who do not use contraceptives at all or use them poorly include: attitudes of fatalism, powerlessness, alienation, and trusting to luck; feelings of incompetence; passive, dependent attitudes; fear of contraceptive side effects; traditional attitudes toward the female role; risk-taking, pleasure-oriented attitudes; high levels of anxiety; low ego-strength; difficulties in accepting one's own sex behaviors and sexual feelings and in facing the reality that pregnancy is a possibility; high fertility values.

Most of the above attributes have been found in studies of females. A few investigations with male subjects show that males who fail to take contraceptive responsibility also are likely to have fatalistic, irresponsible risk-taking attitudes and to have a low sense of self-esteem.

Teenage females who are the least likely to use contraceptives or to use them inconsistently also tend to be particularly ignorant about their own physiology and the time of the month in which they are most likely to get pregnant. Although this ignorance suggests the importance of sex education, a number of studies show that contraceptive use is not measurably affected by knowledge or sex education courses. Having intercourse and using (or not using) contraceptives is not primarily a rational, intellectual process. Rather, these behaviors are an outgrowth of interacting social, situational, and psychological factors, some of which are shown above.

Lack of availability of contraceptives is found to be of some, but not major, importance in a number of studies. However, the issue of availability is more complex than it might seem. Even though services might be available, the person has to acquire them. This involves overcoming anxieties about being a sexually active person. Also, because intercourse is frequently unplanned (at least in the sense of deliberate preplanning), contraceptives often are not readily available at the time and place they are needed.

Fear of side effects seems not to be a major reason for failing to use contraceptives, although a few studies show that females who are not in a secure, committed, satisfying relationship resent bearing the burdens and risks of contraceptive use (usually the "pill").

In general, most of the research about contraceptive use tends to be sexist.* Most of the studies involve only female subjects. This seems to imply that, inevitably, females should be the ones to

assume contraceptive responsibility. A number of studies focus on the concept that females who are not "committed" to their sexuality are thereby immature and unrealistic in their behavior. It would be more appropriate to view young women as having difficulty in accepting that they are engaging in premarital intercourse. It also would be more appropriate to examine the attitudes and feelings of boys who are partners in these behaviors. Although the research shows that a large population of adolescent females depends on their partners to use condoms or withdrawal, few studies have investigated the attitudes or behaviors of males in this respect.

Little is known about the effect that parents of either sons or daughters have on the contraceptive behavior of adolescents. In general, it seems that there is usually little or no communication between parents and teenagers on this topic.

The life situation of poor people, especially low-income blacks, tends to produce attitudes that make contraceptive use less likely. These attitudes include: alienation and distrust of health services (including family planning), little communication between the sexes, a high valuation of fertility, fatalism, fears of genocide, fears of the effects of contraceptives, and hopelessness about the future.

Members of blue-collar families, especially those who are not upwardly mobile, tend to be traditional with respect to sex roles and to feel that there is little use in planning for the future. No mention has been made in this chapter of the contraceptive behaviors of such minority ethnic groups as American Indians or Spanish-speaking Americans because no research is available on these groups.

Use or nonuse of contraceptives depends not only on the characteristics of individuals but also on the availability of family planning programs which meet their needs.

The implications of these findings for programs and policies will be discussed in chapter 12.

Chapter 8

Abortion Among Adolescents

TRENDS

In 1973 the U.S. Supreme Court declared unconstitutional all State laws that prohibited or restricted abortions during the first trimester of pregnancy. The Court also limited State intervention in second trimester abortions to the "regulation of medical practices involved insofar as they affect the woman's health." The Court left the prohibition of third trimester abortions to the separate States. Several other issues, including the rights of minors to abortion without consent of their parents, were also left to State discretion. In 1974 the Massachusetts Supreme Court ruled that a husband does not have the right to prevent his wife from having an abortion. The Attorney General of California, in the same year, issued an opinion that an unmarried girl (under 18) does not need her parents' consent for an abortion (Katchadourian and Lunde, 1975).

These developments were preceded by the legalization of abortion in a number of States. As of 1967¹ Colorado, followed by California, North Carolina, Maryland, Georgia, Arkansas, Delaware, New Mexico, Oregon, Kansas, South Carolina, Virginia, Hawaii, New York, Alaska, and Washington, passed legislation making it permissible for a woman to obtain an abortion if the physical or mental health of the woman were in danger, when the child might be born with serious physical or mental defects, and when conception was the result of rape or incest. In 1970 Hawaii, New York, Alaska, and Washington enacted more liberal laws that removed such restrictions on abortion, except that it must be performed within 24 weeks of conception.

Legalized abortions are available in many parts of the world, with numerous countries taking this step during the 1960's, but with Japan having done so in 1948 and most of the socialist countries having acted during the 1950's. Earlier, antiabortion attitudes and legislation had developed in Western Europe and the United States during the 19th century. Before this, little official attention

¹As shown in chapter 4, 1967 was also the year in which traditional American society seemed to "fall apart."

seems to have been paid to the matter (David, 1972). However, it should be recalled that before the 19th century with its medical advances, a low valuation was generally placed on human life, especially on the lives of infants and young children.

Federal funds to help defray the costs of abortion to low-income women were made available in 1973 following the Supreme Court decision. As of early 1977, strong antiabortion groups were protesting liberal abortion legislation in many parts of the country, and the matter became a bitterly fought political issue. A major issue revolves around the use of Federal funds to help defray abortion costs. It is likely that a struggle will continue for some time between the proabortion and antiabortion groups.

Between 1972 and 1975 the abortion rate among all teenagers rose by more than three-fifths, and this rate nearly doubled for girls under age 15. For this age group, there were more abortions than live births in 1974 (Baldwin, 1976).

Using data from 1965 to 1971, Sklar and Berkov (1973) estimated that illegitimacy rates declined more sharply in States that allowed legal abortions. These States also experienced a slight decline in the fertility of married teens.

Weinstock et al. (1975) analyzed the incidence of abortion for 1973 and early 1974. They found marked variations in rates among regions, with the west coast and Middle Atlantic regions having the highest rates. The reason for this variation is due largely to the more liberal access to abortion services in these areas.

Pakter, Nelson, and Suigar (1975) studied the incidence of abortion in New York City between 1970 and 1975. The number of city residents seeking abortions increased in each of these 5 years. Much of this increase was due to repeat abortions: 14 percent in 1972, 18 percent in 1973, and 22 percent in 1974. Women of all ethnic groups shared in this rising number, with the greatest increase among the Puerto Ricans. The abortion rate for teenagers rose more rapidly than for any other age group. By 1974 the ratios of abortions to 1,000 live births for women under age 19 were: 543 for whites, 828 for Puerto Ricans, and 1,130 for blacks. It is notable that both abortion rates and ratios were over twice as high for black teenagers as for white ones. This suggests that in New York City, at least, the earlier tendency for white adolescents to seek abortion more readily than black ones has been reversed.

Further evidence of this reverse is furnished by the 1974-75 Center for Disease Control Annual Summaries of abortions. These summaries show that estimates of race-specific national abortion ratios in 1973 indicated that whites had 326 abortions per 1,000 live births and that this ratio was 420 for black women.

Bauman et al. (1976) analyzed 1970-71 data from 38 States, comparing abortion and marriage rates by age, and concluded that legalized abortion had an impact on the declining marriage rates for women under age 30. This suggests that the availability of legal abortion reduces the felt necessity to marry in order to legitimize a premaritally conceived pregnancy.

It has been thought that the ready availability of legalized abortion would reduce the out-of-marriage birth rates among teenagers. Earlier studies, such as those of Sklar and Berkov (1973), suggested that this might be so. However, the rise in the use of abortion since the late 1960's has not been accompanied by a decline in rates of adolescent illegitimacy, although it seems clear that without the availability of abortion these rates would have been higher than they are.

ABORTION RISKS

No attempt is made here to discuss the medical risks of abortion in any detail. However, generally speaking, abortion is considered a safe procedure, with only 1 percent of those legally performed in the United States resulting in complications. Procedures are the safest if they are performed before the 13th week of pregnancy; methods become more complex at later dates. Teenagers are more likely than older females to delay taking action regarding their pregnancies. This is probably a result of ignorance, anxiety, fear, and the frequent need for secrecy. Blacks are more likely to delay action than whites. Thus, abortion complications are more apt to occur for those adolescent girls who delay action.

Furthermore, Baldwin reports a 1974 English study by Russel who found that women who had experienced abortions under the age of 16 were more apt to have obstetrical and gynecological problems in later life. "The risk of trauma to the cervix, which tends to be small and tight in the younger teenagers, appears greater than for women undergoing first abortions over the age of 20. Since upwards of 15,000 girls under the age of 15 had abortions during 1974 in the United States, this is not an insignificant problem (Baldwin, 1976, pp. 13-14).

ABORTION SERVICES

Obviously, legalized abortion services were not available in the United States until 1967. Between 1967 and 1970, they were available in only a few States and then only upon physician certification that they were necessary for reasons of physical or mental health. Costs were often very high. From 1970 to 1973, they were available

in only a few States on a more liberal basis. It was not until the 1973 Supreme Court decision that abortions became legally possible in all States and that Federal funding could help defray the costs. Thus, trends in abortion use are clearly affected by these facts. Trends in abortion for adolescents are also affected by the fact that parental consent for this procedure is required in over 25 States for youngsters under age 18. (See ch. 12.)

Weinstock et al. (1976) collected data in a 1974 and early 1975 nationwide survey of health institutions and physicians. They found that an estimated one-half to three-quarters of a million women who needed an abortion could not get one because services were not available in their locality. Only one-fourth of the hospitals provided these services. Particularly deprived were poor, rural, and adolescent women.

CHARACTERISTICS OF ABORTION USERS

A number of studies have compared abortion users with women who carry their pregnancies to full term. In general, these investigations show that those who choose abortion are more likely to be contraceptive users, to be single, to have high educational-occupational aspirations, and to come from solid middle-class or higher socioeconomic backgrounds (Gebhard, Pomeroy, Martin, and Christensen, 1958; Gabrielson, Goldsmith, Potts, Matthews, and Gabrielson, 1971; Diamond, Steinhoff, Palmore, and Smith, 1973; Bracken and Suigar, 1972; Oppel et al., 1972; Rosen, Hudson, and Martindale, 1976; Steinhoff, 1976).² A few recent studies also show that abortion users are especially apt to value control over their lives and to see themselves as competent people. (For a summary of these studies, see table 8-1.)

ATTITUDES TOWARD ABORTION

In general, public attitudes toward abortion have become more accepting over recent years. Polls conducted by the National Opinion Research Center in 1965 and 1972 yielded data on this subject as shown in table 8-2.

There was a marked increase in popular acceptance of abortion for all reasons presented between 1965 and 1972, with the so-called "hard" reasons (health of mother, rape, deformed fetus) being most

²Higher socioeconomic status (SES) may become less characteristic of abortion users in the future, as low-cost abortion becomes more readily available to people of limited incomes (assuming, of course, that Federal funds are not withdrawn from the support of abortion services).

Table 8-1.—Major studies of characteristics of women who choose abortion

Study and date	Sample	Methods	Findings
Gebhard, Pomeroy, Martin, and Christensen, 1958	Used data obtained in the Kinsey survey; large but inadequate sample	Interviews with many subjects concerning sex behavior, including pregnancy, birth, and abortion	Abortion rates were higher among the better educated of both races.
Gabrielson, Goldsmith, Potts, Matthews, and Gabrielson, 1971	Sexually active adolescent females known at family planning clinics in the San Francisco Bay area	Questionnaires	Abortion patients, pregnant nonaborters, and nonpregnant contraceptors were compared. Black abortion choosers were of higher socioeconomic status (SES) origins than black nonabortion patients. Contraceptive users were more apt to favor abortion. Whites and older girls had more favorable attitudes. All respondents had conflicting attitudes toward abortion.
Bracken and Suigar, 1972	Sample of 443 patients at the abortion service of the Yale-New Haven Hospital	Clinic records	Early aborters were more likely to be between ages 20 and 35, single, childless, white, and contraceptive users.
Diamond, Steinhoff, Palmore, and Smith, 1973	Ongoing studies in Hawaii of abortion, birth control, and pregnancy of all clinic and hospital patients (about 50 percent sample loss)	Questionnaires and hospital charts	Aborters were more likely to be single, contraceptive users, and older.
Oppel et al., 1972	Early and late aborters known to Johns Hopkins University Hospital, Baltimore, Md.	Questionnaires	Early aborters were more likely to have used diaphragm or intrauterine device and more than one contraceptive method; to have shared information about their pregnancy with the putative father; to be between ages 20 and 35, of higher SES, and nontraditional in attitudes.

Table 8-1.—Major studies of characteristics of women who choose abortion—Continued

Study and date	Sample	Methods	Findings
Kane and Lachenbruch, 1973	Small biased sample of 99 white adolescents who sought an abortion compared with 33 residents of a maternity home	Neuroticism scale questionnaires	Higher scores were obtained by nonabortion group for measures of anxiety, impulsivity, and "total" neuroticism; a methodologically weak study.
Butts and Sporakowski, 1974	Similar to Kane sample	Questionnaires	Nonaborters tended to be older, sexually permissive, low in religiosity.
Evans, Selstad, and Welcher, 1976	Sample of 333 Anglo and Mexican American single adolescents known to pregnancy clinics in Ventura County, Calif.	Interviews and 6-month followup comparing abortion patients, patients who bore child outside of marriage, patients who married and bore child	Abortion patients were more likely to have been doing well in school before pregnancy and returned to school later. Other respondents were poor students who dropped out of school for the most part. Those on welfare before pregnancy were less likely to marry or choose abortion. Eighty percent of young, unwed mothers and 20 percent of those who married received welfare aid. Non-aborters were more likely to be ages 16-17, Chicano, Catholic, to come from low-income families; and to have divorced parents. Aborters who later regretted decision were more likely to be Catholic, Chicano; of low SES origins; to do poor work in school; to have conservative attitudes toward abortion; and to feel abortion was forced on them by parents or sex partners.
Rosen, Hudson, and Martindale, 1976	Sample of 2,000 women in Michigan known to human service agencies because they sought	Questionnaires and testing	Aborters significantly were more likely to have used contraceptives in the past. Aborters obtained significantly higher scores on tests that measured feelings of

Steinhoff, 1976	help with a problem pregnancy; compared aborters with non-aborters	Interviews	self-competence. Aborters who obtained abortion in first trimester had significantly lower scores with respect to traditional sex role attitudes.
	Subset of a sample from the ongoing, large Hawaii study; compared aborters with nonaborters		Abortion choosers were more apt to have strong future orientation; high educational-vocational goals; to value control over their lives; to be Caucasian or Japanese and of skilled working-class or higher SES origins; to reject the concept of welfare dependency. Young adolescent aborters usually had decision made for them by parents.

Table 8-2.—*Population approving abortion, 1965 and 1972*

[Percent]

Reasons for abortion	1965 ^a	1972 ^b
Pregnancy endangered woman's health	71	83
Pregnancy results from rape	56	74
Child deformed	55	74
Woman not married	17	40
Can't afford child	21	45
Married, doesn't want more children	16	38

^aNumber in sample = 1,480.^bNumber in sample = 1,613.

Source: National Opinion Research Center (NORC), 1965 Amalgam Survey, No. 870; and 1972 NORC General Social Survey, Drs. J. A. Davis and K. Schwartzman. Available through Roper Public Opinion Center, Williamstown, Mass.

acceptable at both times. Interestingly, the rate of acceptance of abortion for the "soft" reasons (single status, unable to afford another child, don't want another child) more than doubled during this 7-year period.

Other surveys during the early 1970's showed that people who were most likely to favor abortion tended to be white, Protestant, and of higher income and educational levels. Teenagers were likely to be more conservative than older people.

One intensive study of women who were seeking abortions in the Baltimore-Washington area showed that most of the respondents approved of abortion as a supplement to contraceptive failure but not as a substitute for contraceptives (McCormick, 1975).

Although all the women in the McCormick study were seeking an abortion, some of them saw it as sinful and completely unacceptable. Another group saw it as acceptable only under limited conditions. Others, who accepted abortion in general, were not sure they could really accept it for themselves. Despite the negative and conflicting attitudes reported, the "one overriding and recurrent theme throughout the interviews was the conviction expressed by many of the women that abortion was the only way out of their dilemma." (For a summary of the chief studies on attitudes toward abortion, see table 8-3.)

THE PSYCHOLOGICAL EFFECTS OF ABORTION

Only a very few studies have been conducted in the United States concerning the reactions of adolescents to abortion. None of

Table 8-3.—Major studies of attitudes toward abortion

Study and date	Sample	Methods	Findings
American Council on Education, 1970	National data on incoming college freshmen	Questionnaires	Eighty-nine percent of incoming freshmen said abortion should be legalized under some conditions. Proportions were lower for blacks (70 percent) and for Catholics (70 percent).
National Opinion Research Center, 1965-1972	National sample	Social surveys	There was an increased public acceptance of abortion between 1965 and 1972.
Gallup Poll, 1972	National sample	Social surveys	People who favored abortion were more likely to be Protestant, white, at least high school graduates; income over \$7,000 a year.
Sorensen, 1973	National survey of adolescents, age 18 and younger (poor sample)	Questionnaires	Only 25 percent of respondents favored abortions.
Yankelovich, 1974	National sample of college and noncollege youth	Social surveys	Two-thirds of college youth and 52 percent of noncollege say abortion is not morally wrong.
McCormick, 1975	Sample of 200 women seeking abortion in the Baltimore-Washington area; half under age 31	Interviews	Most conservative in abortion attitudes were black Baptists, women whose mothers were highly religious, high school age girls, low-income whites, blacks at all income levels, single women.
Zelnik and Kantner, 1975	Analysis of results from National Fertility Survey	Social surveys	Teenagers were more conservative in abortion attitudes than older respondents. Most conservative were younger, sexually inexperienced.

them assesses the reaction of putative fathers. Understandably, many of these studies are carried out in abortion hospitals and clinics, and the effects of abortion are studied soon after the event. This timing of the study may produce both positive and negative biases. Patients may be more upset immediately after the event than would be true later. However, some patients may have immediate reactions of relief but, over time, might develop quite different feelings. There seem to be no adequate long-term studies of young people that carefully assess the physical, psychological, and social effects of having had an abortion. Of course, any study of this kind should simultaneously assess the effects of *not* resolving a pregnancy through an abortion. Such a study also should assess the effects of contraceptive use on a comparable group of adolescents.

It is frequently hypothesized that abortions inevitably must create feelings of guilt and anxiety in the young woman who undergoes this procedure. To test this theory Fingerer (1973) gave tests of anxiety and depression to various groups of subjects: graduate students who role-played the decision to seek an abortion, people who accompanied abortion patients to a clinic, and patients on the day after their abortion. The patients had the most favorable scores. According to the author, this indicates that the possible negative effects of abortion reside more in psychoanalytic theory and cultural myths than in the actual event. On the other hand, it seems possible that the people who actually had an abortion had a psychological stake in denying any feelings of anxiety and depression that they might have had.

The few available studies of the psychological effects of abortion rarely focus on adolescent patients alone. In general, patient reactions soon after the abortion have been observed to be largely positive, and the majority of patients express a predominant feeling of relief (Osofsky and Osofsky, 1972).

Studies of adolescent girls who had abortions show that only 15 to 20 percent seemed to have negative feelings about them in later followup interviews (Perez-Reyes and Falk, 1973; Evans, Selstad, and Welcher, 1976; Monsour and Stewart, 1973). Perez-Reyes and Falk concluded, on the basis of psychiatric interviews and psychological testing, that the physical and mental health of young abortion patients (under age 16) was considerably better following abortion than it had been immediately preceding it.

Evans, Selstad, and Welcher, who followed up a group of adolescent girls 6 months after their abortion, found that the 20 percent who said they regretted it were more likely to be Catholic, Chicano, and very young, to hold conservative attitudes toward

abortion; to come from single-parent and low-income homes; and to have done poor work in school.

Osofsky and Osofsky (1972) suggest that the small group of patients who have negative reactions to abortion are more likely to have had a history of personal problems before they had the procedure than others. This point is also supported in a study by Martin (1973). Further insights about factors associated with adverse reactions show that these reactions are more likely to occur when the young woman receives no emotional support from her parents or partner (Bracken, 1974). Also, feelings were more likely to be negative when the girl felt she was forced into her decision by her parents or sex partner (Barglow and Weinstein, 1973; Evans, Selstad, and Welcher, 1976).

Coblner, Schulman, and Romney (1973) report on a clinical study of adolescent patients in a New York City hospital. Their somewhat impressionistic observations, though lacking in scientific rigor, offer clues for further research and for services to abortion patients. They found many of the adolescent patients were constricted in their self-awareness, rather mechanical in their attitudes toward the expression of sex, basically lonely and isolated although members of peer groups, frequently hurt by their partner's disinterest in the pregnancy and lack of commitment to the relationship, often in poor communication with their parents, and lacking in reality appraisal of what it means to care for a baby.

When the patients consented, interviews also were held with their mothers. These interviews often were helpful in establishing much better parent-daughter communication and in working out appropriate varieties of plans for handling the pregnancy. Opportunities for discussion of feelings about the abortion after the event were welcomed by many patients, but others did not want to explore their reactions further. Close friends in whom they could confide were helpful to many. A summary of the major studies regarding the effects of abortion on adolescents is found in table 8-4.

REPEAT ABORTIONS

There have been several recent studies of repeat abortions. Accurate information about the exact proportion of women who get more than one abortion is rare. One study found the rate to be 33 percent in one New York State clinic (Robbins, 1973). The main reason for the second abortion was the patient's misinformation about pregnancy risk and contraceptive use as well as fear of side effects and method failures. Women who have repeat abortions are

Table 8-4.—*Major studies on psychological effects of abortion*

Study and date	Sample	Methods	Findings
Bracken and Suigar, 1972	Sample of 489 successive abortion patients in a New York City hospital	Two self-administered questionnaires; data on reactions taken in recovery room	Self-reported negative reactions were associated with being single, young, lacking support from partner or parents.
Osofsky and Osofsky, 1972	Sample of 380 abortion patients in a Syracuse hospital; many between ages 16 and 20	Interviews shortly after abortion performed	Majority of patients expressed happiness and relief. About 16 percent of patients were judged unhappy and one-fourth expressed guilt. Catholics were the most apt to express guilt.
Barglow and Weinstein, 1973	Sample of 25 adolescent girls undergoing abortion in first trimester	Interviews soon after abortion	Impression was that many had a mourning experience after abortion. Difficulties arose when the decision to abort was heavily influenced by parents, peers, partners.
Martin, Cynthia, 1973	Nonrandom sample of adolescents who had had an abortion and volunteered to be interviewed	Taped interviews and judgments of psychological traits by three judges (methods questionable); unspecified correlation techniques to assess relationship of many traits to self-reported, postabortion adjustment	Findings need to be viewed with caution. Girls who had difficult postabortion adjustments appeared to be emotionally involved with their pregnancies, lack close friends, have poor relations with their parents, be unhappy about choosing an abortion, have received no support from sex partner. The situations of the girls who had favorable postabortion adjustments tended to be opposite.
Monsour and Stewart, 1973	Sample of 20 young single college students who had had an abortion	Interviews 6 months after abortion	All continued in college; only one reported postabortion adjustment problems.
Perez-Reyes and Falk, 1973	Sample of 41 girls under age 16 who had hospital abortions	Interviews and testing before and soon after procedure	About two-thirds said they were happy that they had had abortion; about 15 percent had adverse feelings of depression, guilt.

Evans, Seistad, and Welcher, 1976	Sample of 333 Anglo and Mexican-American single adolescent girls known to pregnancy health services in Ventura County, Calif.	Interviews and reinterviews following abortion (6 months later)	anger, and anxiety. The physical and mental health of the patients appeared to be better after abortion than immediately before. About 20 percent regretted the abortion. They were more likely to be Catholic, Chicano, young; of low socioeconomic status origins; poor students; to have conservative abortion attitudes; and to feel abortion was forced upon them.
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not significantly different from other abortion patients in terms of age, race, marital status, or education.

IN SUMMARY

Most of the studies, undertaken before the widespread availability of abortion services, show that pregnant women who choose abortion are more likely to be single and middle class, have positive feelings toward themselves as competent people, have high educational-occupational aspirations, and have used contraceptives. In short, their characteristics appear to be similar to those of contraceptive users compared to nonusers. It appears that they are more likely to have hope for their futures as self-determining, achieving individuals and do not want to have their lives burdened by an unwanted out-of-marriage pregnancy or by a forced marriage.

Although most of the studies show that white women are more likely than black ones to terminate their pregnancies through abortion, this tendency seems to have changed in the past few years, especially following the legalization of abortion and the increased availability of Federal funds to reduce its cost to low-income people.

Studies show a rapidly increasing public acceptance of abortion, with the majority of people expressing favorable attitudes. Persons with the most conservative opinions tend to have one or more of the following characteristics: membership in the Catholic church, low SES, rural origins, conservative sexual attitudes, unfavorable attitudes toward contraceptives, married, black, and under the age of 18.

According to available studies, psychological effects of abortion tend to be minimal, with only about 15 percent of abortion patients showing signs of serious disturbance following the procedure. This group seems to have had preexisting psychosocial problems or to have had physical complications with the abortion. Adverse reactions of guilt or anxiety were the most common. Those who felt that they had been forced by others to get an abortion also tended to have adverse reactions—hardly a surprising finding. It is also not surprising to find that patients who had psychological support from parents and sex partners were least likely to be upset by the procedure.

There appears to be a rise in repeat abortions, but little is known, as yet, about this behavior.

Chapter 9

Illegitimate Births to Adolescents

INCIDENCE OF ILLEGITIMACY

Illegitimacy rates for teenagers (births per 1,000 unmarried females ages 15 through 19) tripled between 1940 and 1975. In 1975 the illegitimacy rate for teenagers was 24.2 illegitimate births per 1,000 unmarried women, an increase of 59 percent since 1963. The illegitimacy rate leveled off between 1970 and 1971 but continued to rise gradually from 1972 to 1975. The sharpest rate of increase was between 1963 and 1970, as shown in Figure 9-1.

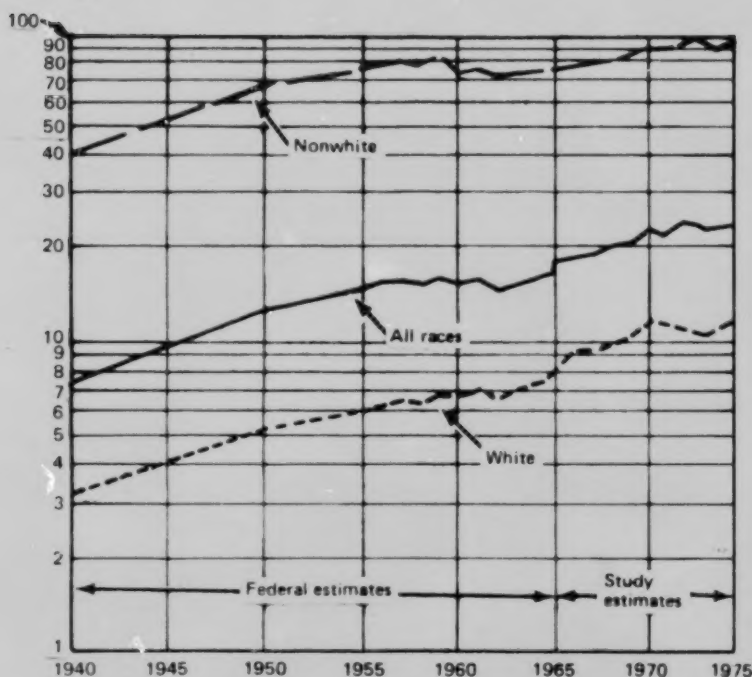
The rate for nonwhite teenagers has been 7 to 13 times higher than that for whites since 1955. The differential between rates for black and white teenagers diminished somewhat during this period, with a slight rise for whites and a decline for nonwhites since 1972.

Considerably higher illegitimacy rates for older women than for teenagers have prevailed in the past. In 1975 the illegitimacy rate was still higher for women in their twenties than for younger women. However, rates for older women, unlike those for teenagers, had been declining between 1965 and 1975.

Of particular concern is the rising rate of births (most of them outside of marriage) to mothers under age 17. For this group illegitimacy rates increased between 1965 and 1975 on the order of 60 percent (table 9-1).

A large number of teenagers have more than one illegitimate child before they reach the age of 20. This is particularly true for black adolescents. The total number of babies born outside of marriage to teenagers in 1975 was 97,500 to white mothers, 131,000 to black mothers, and 5,100 to other nonwhite mothers. The total number of babies born to single teenage mothers was 233,500. Fertility rates (both legitimate and illegitimate) are considerably higher for adolescents who live in the south and in rural nonfarm or central-city areas and for those who are not employed and who are not in college.

To a very considerable extent, the rising illegitimacy rate for teenagers results from the higher proportion of pregnant girls who



Note. Available data plotted every 5 years, 1940-55, and for each single year thereafter. Data by race not available for 1945.

Source. Sklar and Berkov, 1974, and for 1970-75, recent data from the U.S. Department of Health, Education, and Welfare, National Center for Health Statistics.

Figure 9-1. Illegitimate births per 1,000 unmarried women ages 15-19, United States, 1940-71.

do not marry before their children are born.¹ A decline in marriage rates has occurred since the early 1960's and applies mostly to women aged 18-19 (table 9-2). In 1960 about 25 percent of 18-year-old females were married compared with about 10 percent in 1975 (U.S. Department of Commerce, 1975).

¹ Arthur A. Campbell estimates that the proportion of births conceived out of wedlock was about 50 percent for the time periods 1960-64 and 1970-74. The proportion that was born out of wedlock increased substantially between 1970 and 1974. Conversely, the percent of out-of-wedlock conceptions legitimized by marriage fell from 65 to 35 percent during this period (Baldwin, 1976).

Table 9-1.—*Estimated illegitimacy rates for unmarried women under 20 years of age, by single years of age: United States, 1965 and 1975*

Age	Illegitimate births per 1,000 unmarried women		Percent increase
	1965	1975	
Under 15.....	3.4	5.3	56
15.....	7.2	11.6	61
16.....	13.0	20.7	59
17.....	18.1	26.5	46
18.....	21.7	31.7	46
19.....	31.3	34.3	10

Source: U.S. Department of Commerce, Bureau of the Census. *Current Population Reports*, Series P-20, No. 144, Nov. 10, 1965, p. 10; Series P-25, No. 519, April 1974, p. 34; Series P-25, No. 601, Oct. 1975, p. 41; Series P-20, No. 287, Dec. 1975, p. 8. U.S. Department of Health, Education, and Welfare, National Center for Health Statistics. *Vital Statistics of the United States*, 1965, 1, 1967, pp. 1-82; *Vital and Health Statistics*, Series 21, No. 15, Feb. 1968, p. 28; *Monthly Vital Statistics Report*, 25(10):14 (Supplement), Dec. 30, 1976.

To put these matters in a somewhat different perspective, it should be recalled that only 1.2 percent of unmarried white 15-19-year-olds and 9.5 percent of unmarried black teenagers gave birth in 1975. (Because birth rates are computed per 1,000 in the at-risk population, they can look alarmingly high.) However, these figures may seem artificially low because a child needs a great deal of care for at least the first 5 years of life. Thus, with illegitimacy rates this high each year for 5 years, a large proportion of the Nation's young mothers probably would be involved in intensive child-care responsibilities for a number of years, either as single parents or within a marriage that involved a premaritally born child (or children).

This involvement of adolescent mothers in child care has become especially likely in recent years because, since 1970, far fewer unwed mothers place their children for adoption than was formerly the case (Baldwin, 1976). This is especially true for white mothers; relatively few black mothers have formally placed their children for adoption at any time in the recorded experience of adoption agencies. The decreasing rates of adoption since 1970 are caused largely by the fact that most unwed mothers, in recent years, have preferred

Table 9-2.—Marriages per 1,000 single females, ages 14-19, by region of the United States, 1960 and 1970

Region	1960	1970	1970 ÷ 1960
South	96.9	92.5	0.95
West	96.2	70.0	.73
North-central	77.8	62.1	.80
Northeast	54.2	42.4	.78
Total	80.9	67.7	.84
Coefficient of variation ^a	.19	.14	

^aBased on average deviation.

Source: U.S. Department of Health, Education, and Welfare, National Center for Health Statistics. "Marriage and Divorce." *Vital Statistics of the United States*, 3, 1970, Table 1-8.

to keep their babies. This is probably a result of more liberalized attitudes throughout the society toward premarital intercourse and illegitimacy.

An increase in rates of adolescent childbearing outside marriage is not peculiar to the United States. *Population Reports* (George Washington University Medical Center, 1976) presents an excellent overview of trends in adolescent fertility around the world. Pregnancy and childbearing at younger ages is occurring in most countries, although the rates for adolescents appear to be highest in the United States. According to this publication, most cultures historically have attempted to control adolescent sex activity and have emphasized that births should be within marriage. Social controls have varied from prohibition of premarital intercourse and punishment of offenders, institutionalization of very early marriage, discouragement of pregnancy through instruction in coitus interruptus, forced marriages if pregnancy occurs, and infanticide of illegitimate babies.

Premarital intercourse is on the rise in many parts of the world; studies document this increase in the United States, England, Australia, Sweden, the U.S.S.R., Japan, and West Germany. This rise is thought to be largely a result of earlier age at puberty, urbanization, and industrialization. Age at first marriage also is rising, probably because of the longer period required for preparation for financial independence. According to *Population Reports*, these factors, combined with barriers to family planning and abortion

services for adolescents, probably account for worldwide trends in early childbearing.

APPARENT CAUSES OF TEENAGE ILLEGITIMACY

The causes of out-of-marriage childbearing are deceptively simple. Obviously, illegitimacy is a result of premarital coitus, premarital conception, lack of pregnancy interruption, and the birth of a child before marriage.

Complicated questions arise in reaction to this simple formula. Why do some teenagers have premarital intercourse while others do not? Why do sexually active adolescents fail to use effective contraceptives consistently? Why do so many pregnant teenagers not use abortion? Why do large numbers fail to marry if they are pregnant? In general, it is more appropriate to look for causes of illegitimacy by examining the causes of the above behaviors, rather than to look at illegitimacy as a separate entity. (See chs. 6, 7, and 8.) However, because some studies consider the social and psychological causes of illegitimacy among adolescents as a separate topic, these investigations are reviewed here. (See table 9-3 for a summary of major studies concerning young, unmarried parents.)

Possible Social Causes

Historically, illegitimacy has been seen as a severe problem in most countries. A woman who had a child out of wedlock was considered beyond the pale of "decent" society. Her chances of a "respectable" marriage were usually ruined. Most employment was barred to her. She and her child were often disowned by her family. Children of unmarried mothers generally were termed bastards and had little future within the bounds of "normal" society. Frequently deprived of financial support and an education, these children had little chance of rising from the underclass to which they and their mothers usually were relegated. Such children frequently were seen as having genetic defects inherited from their sinful mothers. It was anticipated that they would turn out badly. With such forecasts for their futures and with so few life chances from infancy onward, it is little wonder that so many illegitimate children fulfilled the forecasts gloomily made for them.

Conventional wisdom dictated that girls from "respectable" (i.e., upper blue-collar, upper- or middle-class) families could not possibly give birth to a child outside of marriage. Placing the child for adoption or marrying the putative father were seen as her only options. Abortion was rarely available except for those who had ample funds; even so, it was viewed as a highly questionable

Table 9-3.—Major findings that focus directly on causes of illegitimacy

Factor and study	Sample	Methods	Findings
Social:			
Christensen, 1958	Comparison of illegitimacy rates of three cultures	Analysis of secondary data	Concludes that higher illegitimacy rates in a permissive culture (Denmark) than in more conservative ones (Indiana and Utah—most conservative) are a result, in part, of variations in social norms.
Cutright, 1968	Large amounts of secondary data from many countries	Complex statistical analysis	Among the many conclusions drawn by Cutright are: countries with restrictive norms concerning illegitimacy do not consistently have lower rates of illegitimacy than countries with permissive norms. No consistent pattern of causes is found from country to country.
Presser, 1976a	New York City sample of mothers with first-born children	Interviews and reinterviews	Hypothesis that type of socialization for female role affects early child-bearing was not confirmed.
Welfare programs:			
Cutright, 1971	Large amounts of secondary data from many countries	Complex statistical analysis	There is no evidence, across cultures, that the availability of welfare benefits, regardless of size of benefit, increases illegitimacy rates.
Presser, 1974	New York City sample of mothers with first-born children	Interviews and reinterviews	No significant differences were found in fertility attitudes and behaviors between welfare recipients and non-recipients. Nonwelfare mothers

Ross and Sawhill, 1975

Large bodies of secondary data and review of related research

Complex statistical data analysis

were more likely to urge their daughters to keep their babies. Aid to Families with Dependent Children (AFDC) policies make it difficult for families headed by both natural parents to receive public assistance, thus encouraging non-marriage of these parents. Welfare reform needed. Availability of welfare benefits for mother and children makes it possible for mothers to avoid marriages lacking a sound financial, social, and psychological base. Welfare benefits are often large enough to exceed what many husbands would be able to earn, even though benefits are budgeted to meet only a minimum standard of living. Implies improvement of employment and wage opportunities for both sexes, plus an income maintenance program supplementing low wages of both sexes.

Moore and Caldwell, 1976

Analysis of large bodies of secondary data plus review of related research

Complex data analysis

Concludes there is no evidence that AFDC benefits, regardless of size, serve as an economic incentive to childbearing outside of marriage. Availability of benefits may influence some women not to have an abortion or not to place the child for adoption.

Table 9-3.—Major findings that focus directly on causes of illegitimacy—Continued

Factor and study	Sample	Methods	Findings
Poverty and socioeconomic status: Vincent, Haney, and Cochrane, 1969	Large sample of females in North Carolina	Interviews	Poverty and illegitimacy were found to be more highly associated in the 1940's than in the late 1950's and early 1960's. Early childbearing was associated with later poverty, unemployment, and female-headed households. It was impossible to untangle causes and consequences of teenage childbearing.
"Selected Vital and Health Statistics in Poverty and Non-poverty Areas of 19 Large Cities: U.S. 1969-1971," U.S. Department of Health, Education, and Welfare, 1975	Analysis of census data	Comparison of illegitimacy rates in so-called poverty census tracts in 19 cities	Illegitimacy rates were higher in "poverty" census tracts. This does not prove, however, that poverty is a major cause of illegitimacy. Illegitimacy may cause reduced family income and lead more unwed mothers to move into low-income neighborhoods.
Moore and Caldwell, 1976	Analysis of large bodies of secondary data and review of related research	Complex data analysis	Highest rates were of adolescent illegitimacy were found among older black teenagers and those young women with poverty origins, and whose mothers and fathers had less than a college education.

Psychological: ^a Vincent, 1961	Sample of unmarried mothers and matching sample of young women who were not unmarried mothers	Interviews and psychological tests	No significant differences were found between the two groups.
Pope, 1967	Large sample of females in North Carolina	Interviews	Differences between married and unmarried mothers were not found in their social lives and with respect to earlier courtship behavior. The only difference between the two groups was observed to be that the unwed group was "unlucky" in getting pregnant.
Hatcher, 1973	Small group of adolescent girls in an abortion clinic	Interviews	Findings show that youngest girls lacked knowledge about conception and contraception and tended to deny that they were pregnant. An older group had better knowledge but blamed pregnancy on authority figures; oldest group was more realistic and independent in seeking a solution. Study concludes that adolescent behaviors concerning premarital pregnancy are strongly affected by stages of cognitive development.
Meyerowitz and Malev, 1973	Used attitude test data and census data in large community	Analyzed data in terms of neighborhoods with high and low	Neighborhoods with high illegitimacy rates had school populations that tested higher on attitudes of power-

See footnote at end of table.

Table 9-3.—Major findings that focus directly on causes of illegitimacy—Continued

Factor and study	Sample	Methods	Findings
Parker, cited by Moore and Caldwell, 1977	All Minnesota school children in 9th grade; a subsample selected	illegitimacy rates Subsample of 117 girls who later became premaritally pregnant matched to a subsample of those who did not. Minnesota Multiphasic Personality Inventory scores compared	lessness and social rejection. It appears that such attitudes would be correlated with numerous other features of these neighborhoods (such as low socioeconomic status and social disorganization). The relationship of illegitimacy per se to these attitudes seems unwarranted from this study. No significant differences were found in measured personality characteristics. The scores of later premaritally pregnant were observed to be somewhat higher with respect to being somewhat more energetic, nonconformist, more outgoing, and socially active. Intelligence test scores of later premaritally pregnant were also somewhat lower.
Race ^b : Cutright, 1972	Analysis of large bodies of secondary data	Complex data analysis	Cutright concludes that much of the rise in adolescent illegitimacy since 1940 is due to an earlier age at menarche and reduced fetal loss through improved health care; this particularly applies to black families.

Kantner and Ze'nik, 1972	Large national sample of 15-19-year-old females	Interviews	Black adolescent females are less likely than white teenagers to have an abortion or marry to legitimate an unborn child. (Also, on the average, black females start intercourse at earlier ages and are less likely to use contraceptives consistently.)
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^aThere are a large number of seriously inadequate studies of unmarried mothers and two equally inadequate ones of unmarried fathers. So little confidence can be placed in the results that they are not cited here. (See annotated bibliography.)

^bA number of small anthropological studies in urban black ghettos provide evidence to indicate that marriage simply to legitimate a child is considered neither practical nor moral. Illegitimacy is not accepted as desirable, but it is not viewed, generally, as being highly reprehensible. The extended black family, which puts a high value on children, usually helps with child care. Although a couple may not marry, black fathers often continue an interest in the child and his/her mother and lend financial support within their means (Billingsley, 1970; Liebow, 1966; Ladner, 1971; Rainwater, 1970; Schulz, 1966; Stack, 1974). These attitudes are not found among upwardly mobile or middle-class black families.

procedure. The whole affair of the young woman's pregnancy and the birth of the child was considered a matter of utmost secrecy. Otherwise, the future of both of them would be irreparably damaged.

In a cultural climate of this sort, most girls who came from other than poverty backgrounds seemed to be "asking for trouble" if they let themselves become premaritally pregnant. Many of the formulations that such girls had special psychological problems and needed specialized guidance arose in this cultural context—a context that has radically changed in the past 10 years or so, as we shall see and as also detailed in chapter 4.

This is not to say that the resolution of a pregnancy to a single adolescent girl has become a simple matter, as discussed in the chapter on abortion. Although the cultural climate has become more sexually permissive, norms and values of earlier times still have a strong influence on social attitudes toward unwed pregnant teenagers. The conviction of most people that the unwed mother's future and that of her child will be seriously jeopardized in numerous ways is still fairly prevalent, although in the current social climate it has far less rationale than it once had.

This cultural heritage formed part of the prevalent norms of the dominant culture in the United States, at least into the early 1960's. Special protective services had been set up for unmarried mothers and their children much earlier. These services continued to operate, often under religious auspices, at least into the mid-1960's. A number of these services still are in existence.

Cultural attitudes toward illegitimacy have changed recently because of drastically changed social and economic conditions. Illegitimacy no longer presents the critical problem it once did. This is because of such factors as less emphasis on inheritance of land and capital by family members, more jobs for women, the push for equal rights of women, welfare programs for mothers and children, and more permissive attitudes toward sexual behavior.

Marriage is no longer seen as *the* life goal for women, and rising divorce rates make the young leery of the advantages of marriage for themselves and any children they might have. Moreover, there is much less pressure than formerly to legitimize a child through marriage. All in all, as shown in the section on incidence of illegitimacy, some believe that the major reason for rising rates of teenage illegitimacy resides in a marked decrease in the rates of early marriage.

Urbanization is clearly one of the social causes of higher rates of illegitimacy in general. For instance, Gendell (1974) argues that the higher illegitimacy rates in cities are due largely to the presence

of such a huge proportion of poor and minority group people. Many sociologists would argue that urbanization itself generally causes an increase in many kinds of "deviant behavior." Especially for those who are making the transition, urbanization tends to bring about personal and familial disorganization because old norms and values no longer readily apply, social controls are harder to enforce, life is more anonymous, and temptations increase. The impersonal, complex, competitive life of the city is apt to heighten feelings of anomie, personal insignificance, and powerlessness. The adverse effects of urbanization can be seen in many of today's rural-urban migrants. These effects are most visible among blacks, partly because the blacks are so visible. It appears that many low-income whites from the southeastern rural regions find they cannot "take" the northern cities and return to the areas from which they came (this is especially true for the Appalachian whites).

It cannot be accurately claimed, then, that illegitimacy rates are so high in the Nation's cities simply because that is where poor and minority group people live. Although this may be part of the story, the other part is that city life frequently has a disorganizing effect on individuals and families and thereby increases the likelihood of illegitimacy. This may be particularly true for the teenage children of urban-rural migrants who are caught in the classic second generation conflict between traditions of their parents and the only partially assimilated values and norms of the long-time residents whom they seek to emulate.

Industrialization also plays a part in promoting higher rates of births outside of marriage. Its effects include the decreased salience of the family as an economic unit and greater financial independence for women through their increased employment opportunities outside of the home (Ross and Sawhill, 1975). (See also ch. 4.)

Moreover, as societies become more highly organized and as concern grows for the social and economic well-being of all people, more programs are launched to promote the general welfare, and more official attention is then paid to behavior that may be a threat to the well-being of the larger society as well as to individuals. For instance, when few Federal assistance programs were operating in the United States (before the mid-1930's), little attention was paid to the "health, education, and welfare" of poor people, especially those in isolated rural areas. With the launching of such social security programs as unemployment compensation, old age insurance, maternal and child health and child welfare services, illegitimacy acquired a newly important status.

Illegitimate children were not eligible for social insurance benefits. Public health and child welfare professionals, deeply concerned

about the impact of illegitimacy on the physical, social, psychological, and economic well-being of mothers and children, emphasized the importance of the child's legitimacy. More careful records were kept about this matter. Earlier customs, especially prevalent among the poor, sanctioned entering into a common-law marriage (formalized largely by a couple's living together for a period of time). Such a marriage was no longer considered adequate for the legitimation of children.² The more careful accounting of illegitimate births, following the passage of the Social Security Act in 1935, probably played a part in the observed rise in rates of illegitimacy from 1940 onward.

In an article on possible causes of illegitimacy, Cutright (1971) discusses theories of the effect of social norms on birth outside of marriage. These theories hold that when norms are restrictive of illegitimacy, rates will be low; when they are permissive, rates will be high. Through a complex analysis of rates of illegitimacy in many countries, he concludes that these rates have not consistently supported this formulation.

In this analysis Cutright tends to oversimplify sociological and psychological concepts about causes of illegitimacy. For instance, he finds that rates may be equally high in countries that have either permissive or restrictive norms concerning premarital intercourse and births out of marriage. Further, he assumes that these rates, over time, are always accurate and that the situations, programs, and cultural patterns of various times and places are prevalent throughout a nation and are clearly known and deeply understood. He also seems to believe that human behavior is determined by discrete variables, such as social norms concerning illegitimacy, health and welfare (including family planning) programs, employment rates, religiosity, or "the authoritarian family" (all of which he discusses as separate possible causes of illegitimacy in his 1971 article).

In actuality, societies and people are complex and their functioning and behaviors are an outcome of a host of interacting variables. Moreover, there are large differences within nations, societies, and populations that affect the occurrence of premarital intercourse,

²The writer was a child welfare worker in rural Virginia in the early 1940's. In her own experience, much effort was expended in attempting to persuade "common law" partners with children to legalize their marriages through a formal ceremony. In more than a few cases, couples who followed this advice later complained that feeling legally tied to each other "took all the romance" out of their relationships. Some were subsequently divorced. This seems to have been a preview of trends, as observed in the 1970's, toward couple cohabitation rather than marriage.

the use of contraceptives and abortion, the likelihood of marriage following a premarital pregnancy, and the reporting of illegitimacy. (See also Hartley, 1975, who proposes that all of the above behaviors are strongly affected by interrelated norms concerning each of them.)

Presser (1975) hypothesizes that socialization for female roles through the mother-daughter relationship has a strong effect on the young woman's marital status and the timing and number of her pregnancies. However, Presser fails to find much support for this theory in her study of a sample of young mothers in New York. No significant associations were made between the education and occupation of the mothers of the women studied nor between the goals they reportedly supported for their daughters and the actual behavior and stated goals (as of age 16) of the young mothers. However, daughters whose mothers had early pregnancies were more likely to become pregnant as teenagers. The fact that an association was found between early maternal childbearing and the behavior of daughters suggests that actual maternal behavior is apt to be more influential than stated maternal attitudes and goals for children. This is a common finding concerning the effects of parental attitudes on developmental outcomes of children (Chilman, 1973). Then, too, as discussed above and in earlier chapters, socialization for sex roles is only one factor, among others, affecting adolescent sexual behaviors.

Christensen (1958) examines premarital pregnancy rates in three cultures, cultures that he knows well and that he describes in considerable depth: the Mormon culture in Utah, the predominantly Protestant culture in Indiana, and the culture in Denmark. These cultures range from sexually conservative to fairly moderate to permissive. He presents in table 9-4 data that are highly suggestive of the impact of sexual values on behaviors. As can be seen, illegitimacy rates are highest in Denmark and lowest in Utah.

We have seen earlier that there have been profound changes in the culture of the United States concerning more liberal views of sexual behavior. These changes gained great momentum in the 1920-30 period—the time of the first sexual revolution. The period from 1930 to 1965 has been depicted as a time of gradual consolidation of these changes. Another surge toward even greater sexual freedom began in about 1966 and may still be in progress (1976). Rates of teenage illegitimate pregnancies also have risen steeply since about 1966, with a particularly sharp increase between 1966 and 1970.

It looks as if this increase is partly a result of *cultural lag*; that is, contraceptive service programs for teenagers have lagged behind

Table 9-4.—*Selected indexes of pregnancy timing in three cultures*

Indexes	Comparative cultures		
	Utah	Indiana	Denmark
Birth rates (live births per 1,000 population)	31.5	25.1	17.3
Illegitimate rates (children born out of wedlock as percent of all live births in 1954)	.8	2.8	6.7
Percent of first births occurring 6 months after the wedding	9.0	9.7	6.7
Average interval between marriage and first birth (in years)	1.1	1.5	1.6

changes in sex attitudes and behaviors on the part of many of the Nation's adolescents. For instance, although changes in public policy made free or low-cost federally funded family planning services available to adults in 1966, it was politically unfeasible to make such services available to adolescents. (In actuality, because of opposition of the Catholic Church and other conservative groups, it was difficult to make Federal funds available for family planning services at all, and even more difficult to get these services implemented throughout the country.)

Family planning services for single adolescents were (and are) hard for the general public to accept. Cultural leaders and the decisionmakers are generally over the age of 21. Most of them are parents. Many are concerned, perhaps rightfully, about the effects of intercourse on adolescents who are generally too young to marry and who seem to be too young to form mature, responsible relationships. Many fear that the ready provision of contraceptives and abortion services will cause an increase in premarital sex behavior through the official recognition and institutionalization of these services.

Problems that adults have in accepting sexual freedom for adolescents create conflicts, confusion, and anxieties in both parents and teenagers. Thus, even if family planning services are made available, internalized traditional social norms make it difficult for some teenagers to use these services or discuss their need for contraceptives or abortion with their parents or other adults who might be able to help them (teachers, doctors, religious leaders, social workers, and the like). Most of these potentially helpful adults also have had little in their training or experience that would prepare them to be of effective assistance to today's sexually active adolescents.

Evidence that the culture is changing, however, may be found in recent national policy changes. For instance, statutes in more

than half the States allow young people under 18 to obtain contraception services without parental consent. The recent Supreme Court ruling to the effect that minors do not need to obtain parental consent in order to obtain federally funded contraceptive services makes an important change in the social-legal approach to the needs of sexually active teenagers.

Further evidence of cultural change throughout the world is afforded by the 1974 resolution of the Working Party on Youth and Population of the United Nations' Fund for Population Activities. Delegates from 15 developing and 5 developed nations recommended that family planning services should be provided to all members of the community, married and unmarried, male and female, young and old. As much as possible, family planning services should be offered free of charge through family health and welfare centers. Such a resolution shows a striking change in cultural norms over the past 10 years. Before the midsixties, there was extreme reluctance in many countries to make family planning services readily available to adults, let alone single people or, even more restrictively, adolescents.

Welfare Programs as a Cause of Illegitimacy

There is widespread public concern about the rising rates of welfare dependency in the United States. The Aid to Families with Dependent Children (AFDC) program is the major source of public assistance for poor people. The number of people on AFDC rolls has increased steadily since the early 1960's, despite the strong economic growth during much of this period. Because almost half of the women who receive aid from this program are single mothers, it is often assumed that the availability of welfare benefits *causes* illegitimacy.

A full discussion of the reasons for the rise in the numbers of AFDC recipients is beyond the scope of this report. A few of the probable causes are sketched here. They include a shift in the nature of the Nation's economy that drastically reduced the employment opportunities for people with little education and few skills; the costs of living in a largely urban, industrial society; the rising aspirations and political strength of the dispossessed; the 1946-58 "baby boom"; and greater awareness on the part of the general public that unalleviated poverty for some creates social and health problems for the entire society (leading, for example, to the passage of the Social Security Act in 1935).

The AFDC program, one part of this act, has been criticized for providing assistance mainly to mothers and children. It is

observed frequently that the nature of this program *discourages* marriage among people who need welfare benefits. At present (1977) there is no nationwide, federally aided public assistance program for husband-present families, especially if the father is "employable." States may elect to include husband-present families in their AFDC programs, but many fail to do so. A strange anomaly occurred through a Supreme Court ruling in the late 1960's that made it possible to aid a family if a "boyfriend" were present in the home, but not if he were an employable husband.³ In most States general assistance to father-present families is either unavailable or at extremely low levels. Thus, public assistance policies present a barrier to the family with two natural parents present in the home (Ross and Sawhill, 1975).

Some critics of the program and its recipients claim that this situation *causes* women to have illegitimate children so they can go on welfare. It would be more accurate to suggest that defects in the AFDC and State general assistance programs make it almost impossible for husband-wife families with young children to stay together when steady employment at adequate wages is not available; these defects also provide little or no impetus for the young couple to marry.

Several studies analyze large bodies of data from many countries and fail to find that the availability of benefits from the AFDC program (or similar public assistance programs for unwed mothers and their children) causes an increase in illegitimate births in this and many other countries (Cutright, 1971; Holmes, 1970).

Presser (1974) found in her New York City study that there were no significant differences between welfare recipients and non-recipients in their fertility attitudes and behaviors. There were similar attitudes toward contraceptives in both groups, and the nonwelfare mothers were more likely to urge their daughters to keep their babies. Her findings and those of Furstenberg (1976) suggest that teenage girls do not get pregnant outside of marriage in order to receive public assistance; but that girls from low-income, female-headed families are more likely to become teenage single mothers because of the many social and psychological inequities they and

³The Court went further in 1970 and stated that the resources of men who assume the role of spouse (including nonadopting stepfathers) cannot be considered available to children unless there is proof of an actual contribution to those children. If a man is not the natural parent of the children, no presumption that he supports them may be made in determining their eligibility for benefits. Thus, for instance, it is to the economic interest of unmarried mothers and their children (and to fathers) to marry someone other than the biological parent.

their partners have experienced in their development. (See also discussion of poverty in a later section.)

Ross and Sawhill (1975) review numerous sources of data and also find that, apparently, women do not have children to "go on welfare." However, the availability of public assistance may influence them not to marry a poor prospect. Moore and Caldwell (1977) reach a similar conclusion in their extensive review of research. They add that women may be more likely not to have an abortion or not to place their babies for adoption because welfare benefits are available. In sum, the availability of public assistance appears not to *cause* out-of-marriage pregnancy, but it may affect what the young woman does about this pregnancy.

Moore and Caldwell (1977) also conclude, on the basis of sophisticated data analysis as well as review of a number of studies, that the *size* of welfare benefits does not affect the decision of unmarried mothers to keep their babies.

Through their analysis, Ross and Sawhill conclude that welfare reform that ceases to particularly favor female-headed families probably would be of some usefulness in reducing the proportion of families headed by women. For much too long, the majority of people in the United States has mistakenly assumed that "any man who wants to can find a job." Many have opposed federally aided public assistance programs for able-bodied men. The time is long overdue for citizens to realize that unemployment and underemployment are chiefly problems of the economy, rather than of individuals. Public assistance for both males and females is needed when jobs at adequate wages are not available.

Unemployment as a Cause of Illegitimacy

Poor employment opportunities are cited as one cause of unmarried parenthood by such researchers as Presser (1974), Ross and Sawhill (1975), Cutright (1972), and Furstenberg (1976). High unemployment rates of youth, especially black youth, frequently make marriage unfeasible for a teenage couple, even though the girl may be pregnant.

Then, too, when good job opportunities are not available for adolescent girls and young women, their motivation not to have a child may be reduced because alternative roles are not available to them. Ross and Sawhill write that many strategies are needed to promote stable, satisfying marriages. These strategies include more steady jobs for both sexes at adequate wages, as well as shifts in marital customs that favor sex role equality and, thereby, provide greater potential psychosocial marital satisfactions for both females and males.

Note the importance of steady employment at adequate wages in the Ross and Sawhill analysis. They report that when the total "benefit package" available through AFDC programs (assistance grants, food stamps, Medicaid, and housing subsidies) is put together, one finds that mothers with children are frequently better off financially if they do not marry or if they separate or divorce. Many men who have low-level jobs cannot make nearly as much as welfare programs often provide. Though some would conclude that this suggests a lowering of welfare benefits, it is important to recognize that AFDC allowances are computed on the basis of a minimum subsistence budget, which is computed at a level far below the actual financial needs of most families.

Ross and Sawhill further observe that, in the past, marriage was basically supported by the economic needs of both women and men. Now that women have alternative sources of economic support, they are less eager to enter marriage or stay in a poor one. Now that men do not need the labor of wives to prepare food, make and mend clothes, and so forth, they have little need of marriage for material reasons. Now that moral standards are changing toward sexual permissiveness for both males and females, marriage is not necessary for sexual fulfillment.

Many would argue that young women should not get pregnant without being married and that marriage plus children should not occur unless the husband is earning enough to support a family. This is a rational proposition; but, as shown in earlier chapters, sexual and contraceptive behaviors do not readily lend themselves to purely rational decisionmaking, especially for people whose total life situation has made rational planning seem useless.

Poverty as a Cause of Illegitimacy

Although the evidence in earlier chapters suggests that poverty is likely to be a cause of illegitimacy, research to date is not clear on this point, especially in the context of contemporary culture, which no longer expresses strong disapproval of births outside of marriage at all socioeconomic levels.

A Federal Government analysis of selected vital and health statistics in 19 large cities revealed that illegitimacy was three times higher in both white and black families in census tracts where poverty was prevalent (U.S. Department of Health, Education, and Welfare, Nov. 1975). However, this analysis does not tell us whether poverty caused illegitimacy or whether poverty was a consequence of out-of-marriage births.

A study in North Carolina during the 1960's showed that about 25 years ago low-income women were especially likely to have

illegitimate children, but that, during the 1950's and 1960's, differences by income level were less clear. Although women who were living in poverty at the time of the study were more likely than those who had higher incomes to have had their first children when they were teenagers, to have had less education, and to be currently unemployed and unmarried, it is impossible to tell whether these characteristics were a cause or consequence of poverty (Vincent, Haney, and Cochrane, 1969).

Although the available research fails to show that white adolescent females from poverty families are more likely to have premarital coitus, studies on this point are far from adequate, as shown in chapter 6. The research does show an association between poverty and premarital intercourse among black adolescent girls.

Research also indicates that young women whose parents have more than a high school education are more likely to use contraceptives consistently, to marry to legitimate a pregnancy, or to choose an abortion if they are premaritally pregnant. This further suggests that coming from a nonpoverty background decreases the likelihood of becoming an unmarried mother. (See also the later section in this chapter on race and illegitimacy.)

Psychological Causes

Research about psychological causes of illegitimacy is highly unsatisfactory. Many of the studies of unmarried mothers involve special groups that can be reached easily for research, such as teenage girls in abortion clinics, maternity homes, or programs for the premaritally pregnant (Shapiro, 1967; Rains, 1971; Barglow et al., 1968; Hatcher, 1973). A few studies also have looked at the psychological characteristics of AFDC recipients (Reeder and Reeder, 1969; Griswold, 1967). Other so-called studies are chiefly clinical observations made by medical (especially psychiatric) and social work personnel who work with young unmarried mothers. Almost all of these studies fail to compare unmarried mothers with young women who do not have an illegitimate child but who otherwise have similar demographic characteristics. Also, much of the research looks at young women at a time of crisis—when they are pregnant outside of marriage. Psychological measures and observations obtained during this period may not reveal characteristic personal traits of the respondents.

An extensive literature about the presumed psychological problems of unmarried mothers has been widely disseminated in such fields as psychiatry and social work. This literature has been highly influential in these professions and others, such as nursing, education, gynecology, and adolescent medicine. Much of this

literature propounds that unmarried mothers have deep personality disturbances. It is often said that they have an unconscious need to become pregnant; that they are trying to hurt their parents or become dependent on them again; that by having a child they are competing with their mothers; that their unresolved Oedipal conflicts lead them to become pregnant by a father-substitute; that they suffer from "character disorders" and childishly act out their impulses; and so on.

Although formulations such as these may have a certain amount of validity for some unmarried mothers, they do not necessarily apply to all of them, nor do they necessarily differentiate unmarried mothers from other adolescent girls. (See also earlier chapters on premarital coitus, contraception, and abortion.)

A good deal of this clinical literature states that many, if not most, adolescent unmarried mothers became pregnant as the result of one coital experience. From a physiological standpoint, this seems unlikely. It is more probable that this is what many unwed pregnant girls tell middle-class professionals because they fear moral disapproval. The fact that so many professionals take these statements at face value may well reflect their own inhibitions about premarital sex.

Popular formulations such as those sketched above have another important bias. It is blatantly sexist to assume, as much of the social and psychological research and clinical literature does, that premarital pregnancy and childbearing is a particular female problem. Although it is the young woman who becomes pregnant, her male partner shared equally in creating this condition. In fact, he may have played a larger part by inducing her to have intercourse.

This sexist bias has prevailed over thousands of years in many parts of the world. The mere physical fact that it is the woman who gives birth has been generalized to the assumption that she is the one who is responsible for the pregnancy. The generations-old, widely prevalent double standard of sex morality is linked to these sexist assumptions. (See especially ch. 3.)

This sexist bias is further reflected in much of the research about illegitimacy (not to mention premarital sex, contraception, and abortion) by the fact that only a few investigators have studied unmarried fathers. There are only two studies that seek to learn the cause of unmarried fatherhood (Robbins and Lynn, 1973; Plannor, 1971). These studies of unmarried fathers are characterized by extremely small and seriously inadequate samples. The Plannor, Evans, and Masarik study has so many other methodological weaknesses that virtually no confidence can be placed in the results. The

above investigations reflect a general difficulty in studying unmarried fathers. Aside from the sexist bias in much of the research, there are extreme problems in reaching a sample of unmarried fathers. Most unmarried mothers become known to human service agencies because they must at least seek medical help. Unmarried fathers, fearful of disapproval and of being held responsible for financial support, are leery of contacts with either researchers or human service personnel.⁴

The most effective recent study on the possible causes of unmarried motherhood was carried out by Parker and quoted by Moore and Caldwell (1977). His well-designed research was based on data obtained through the administration of the Minnesota Multiphasic Personality Inventory to all Minnesota school children in the ninth grade. The scores of 117 girls who later became premaritally pregnant were compared with those of 117 girls who did not. The ninth grade scores for the girls who later became pregnant showed that they tended to be slightly more energetic, less conformist, more outgoing and socially active than the other girls. Also, they had slightly lower intelligence test scores. However, the two groups were far more alike than they were different, a finding similar to those of Vincent (1961) in his early study of unmarried mothers.

Unfortunately, Parker apparently did not have data about the age at menarche of the two groups. The personality differences that emerged in the ninth grade tests suggest that the girls who later became pregnant may have entered adolescence somewhat earlier than the other group. Also, unfortunately, Parker did not compare his groups in terms of socioeconomic status (SES) (which may have affected the slight differences in scores of measured intelligence).

Although Pope (1967) looked at quite different groups of unmarried and married mothers in his data analysis of the large North Carolina study, his conclusions were somewhat similar to Parker's in terms of lack of differences between unmarried mothers and other young women. Pope found that most of the unmarried mothers had been in steady dating relationships with their partners. Most had thought they were in love, and many had hoped to marry. Couples shared friends in common and knew each other's families.

⁴ Along these lines sexism operates in an opposite direction. There has been a far greater tendency to think that fathers should support illegitimate children than that mothers should. Of course, this is because until recently few (especially white) mothers of young children were in the work force. Custom plus lack of job opportunities usually kept young mothers at home. They were barred from many jobs, particularly if they were mothers of illegitimate children.

Their behavior was much like that of other "courting couples" of their same SES. The only difference for the unwed mothers was that they happened to get pregnant outside of marriage. These findings suggest that, for at least some groups, "luck" is the main factor that differentiates unmarried mothers from other single women.

Meyerowitz and Malev (1973), in a methodologically dubious study, found that high school students who lived in neighborhoods in which illegitimacy rates were high were apt to have attitudes of being socially rejected and feeling powerless (Rotter's concept of external locus of control). They also were apt to engage in aggressive, delinquent behavior. Although the researchers think these findings confirm their theories that illegitimacy has roots in the personality problems of unwed mothers, it is very likely that the neighborhoods where the above-mentioned student attitudes were prevalent were also neighborhoods with high poverty rates. Poverty rather than illegitimacy was probably the basic reason for results obtained in this research.

Hatcher (1973) conducted in-depth clinical interviews with a small sample of abortion-seeking pregnant teenagers to test her hypothesis that they would handle their situation differently depending on their stage of cognitive development. As hypothesized, she found that the early adolescent lacked knowledge about conception and contraceptives and engaged in extensive denial and distortion of her pregnancy. Still tied to her own mother, she could not accept that she, herself, was pregnant. The middle adolescent seemed to have had enough knowledge to prevent pregnancy but failed to protect herself and blamed others, especially authority figures, for her predicament. She felt some guilt but tended to project it on others. The older adolescent was more likely to view her behavior realistically and make appropriate independent plans to deal with her situation.

Hatcher's sample is too small to permit firm conclusions but is suggestive of cognitive (actually, one might more accurately say cognitive and personality) developmental differences among teenagers of different ages in the ways they react to pregnancy. Any professional who has had experience in working with adolescent unmarried mothers learns that each young woman deals with the situation differently, dependent on many factors: her cognitive level and abilities, her personality structure (most notably her stage of ego development and use of defense mechanisms), her stage of adolescence in terms of dependence-independence conflicts, her values, her relationship to her parents and their cultural norms and personalities, her relationship to her boyfriend and his reaction, her

physical condition, and the kinds of material resources available to her. These observations do not reveal much about the causes of illegitimacy but do suggest that unmarried mothers vary a good deal and warn us not to seek pat, easy answers to the reasons for their situation.

A few studies have explored the concept of generational recidivism (repetition of a behavioral pattern from generation to generation) as a cause of illegitimacy. However, this theory failed to be substantiated in the research of Vincent, Haney, and Cochrane (1969). Only weak evidence to support this concept is provided in a small study by Robbins and Lynn (1973).

A few more words about the alleged psychological causes of teenage illegitimacy are in order. It is said frequently that psychologically deprived girls sometimes have babies in order to have something to love. It seems unlikely that most of these teenagers would deliberately plan to have intercourse in order to get pregnant, but, as shown in earlier chapters, young women who yearn for affection are more likely than others to have premarital coitus. Also, some of these young women are less likely to use contraceptive protection when they fear that their mates might leave them. Having a baby can be a confirmation of a woman's sense of feminine adequacy especially when other kinds of status are lacking. Then, too, babies seem to be a great source of comfort and fulfillment to many mothers, married or single, according to evidence from studies of low-income black mothers.

Although easier acceptance of illegitimacy tends to be more characteristic of low-income women, a small group of avant-garde females from more affluent backgrounds has also advocated unmarried motherhood in recent years. Some say they like having children but not husbands. Some also say that having a baby outside of marriage shows they are attuned to the natural world and are free of artificial arrangements, one aspect of the counterculture philosophy.

Race and Illegitimacy

The causes of far higher rates of illegitimacy among black adolescent girls compared with white teenagers have been difficult to understand, and few systematic studies have satisfactorily addressed this issue. The best source of possible explanations is afforded by the Kantner and Zelnik (1972) national survey.

Kantner and Zelnik found that black adolescent girls, compared with white teenagers, were twice as likely to have premarital intercourse and to begin their sexual activities at a significantly younger age. Black teenagers were also half as apt to use contraceptives consistently and only one-third as likely to get an abortion. Moreover,

white premaritally pregnant girls (50 percent of them) were five times as likely as black adolescent females to marry before the baby was born. Furthermore, the black respondents were more inclined to have a second or third illegitimate child while they were still teenagers, partly because they started having premarital intercourse when they were younger.

As discussed in earlier chapters, the life situation and resulting values and norms of low-income black adolescents probably play a part in the above behaviors. Then, too, marriage to legitimize a child is seen by many low-income black people as neither very practical nor moral. All too often the father of the baby is an unemployed or underemployed youth with little chance for financial improvement. Teenagers observe that marriages in poverty are apt to be fragile and conflict-ridden. The community usually holds that marriages should be entered into because they have a good chance of succeeding and because the couple wants to (and can) live together and establish their own home. Otherwise, the young mother and her child can live with relatives (often her own mother) or friends and not be committed to a new life pattern that may prove to be too onerous. Or failing these arrangements, if she cannot find employment and care for her child, she can "go on welfare" (Stack, 1974; Ross and Sawhill, 1975; Pope, 1969; Moore and Caldwell, 1977).

Billingsley (1970) writes that there are many family forms in the black community. These include the nuclear, the attenuated (father or mother and child), and the extended multigenerational family. There are also augmented families, which include roomers, boarders, or long-term guests. He holds that illegitimacy is considered irrelevant in the low-income black community.

Ladner (1971), Rainwater (1970), and Schulz (1969), as well as others, would not agree that illegitimacy is considered *irrelevant* in the black community. It is not held to be desirable but is usually accepted as an unfortunate but often inevitable event. However, motherhood itself is seen by many adolescent girls as having beneficial effects in helping them mature and gain status as women (Stack, 1974; Ladner, 1971; Rains, 1971).

Furstenberg's study of an adolescent clinic population of urban, low-income black (and a few white) girls revealed that only 20 percent said they were happy when they found they were pregnant. Another 20 percent had mixed feelings, and the rest had negative ones. A very few said their mothers were pleased; many were reportedly hurt and depressed or angry. This hardly sounds as if the grandmothers easily accepted an illegitimate pregnancy for

their daughters; in many cases it meant more burdens for the grandmothers.

Low-income black males tend to hold negative attitudes toward marriage (Broderick, 1965; Liebow, 1967). However, a number of studies have found that many low-income black men continue an interest in their children and the mothers of these children even if they are not married (Sauber, 1970; Ladner, 1971; Liebow, 1967; Furstenberg, 1976).

As remarked earlier, illegitimacy particularly becomes a critical issue when children stand to inherit land and money from their families. Because poor people have little, if any, land and money to pass on to their offspring, legitimacy is less of an issue for this group. Because so many black people are poor and many are at particularly low-income levels, they might be especially unlikely to concern themselves with legitimate heirs.

To the extent that one believes that traditions developed under slavery make a difference in the values and norms of today's black families, it could be argued that the high fertility values and prohibitions against marriage that were held by white owners with respect to their black slaves became incorporated into the black culture. Then, too, most of today's black families have their roots in the southeastern United States where fertility values in general have been high owing in large part to the predominantly rural economy of the past.

Cutright (1972) musters considerable data to bolster his contention that increases in fecundity, especially among blacks, have played a large part in the rise of teenage illegitimacy from the 1940's through the late 1960's. He holds that public health services and other reforms over the past 40 years have improved the fecundity of black people and have also reduced the infant death rate. He also argues that age at menarche has fallen since 1945. (However, the data presented by Cutright on this latter point does not explain racial difference in illegitimacy rates.)

Ventura (1969) suggests that increased fecundity and lower maternal and infant deaths among black women are partially a result of gains in controls over venereal diseases. For example, between 1974 and 1963, the rate of gonorrhea declined by half in the nonwhite population (although it has increased somewhat lately). She also points out that there is a marked increase in nonwhite babies born in hospitals, an increase from 27 percent in 1940 to 92 percent in 1965.

In general, life conditions and health care for many blacks and other low-income people improved during the 1940's and on through

the 1960's owing to a number of social, political, and economic developments. These include the Social Security Act of 1935, the rural-urban migration of black and other rural families, increased employment opportunities for black people, public housing and public health programs, civil rights legislation, and general economic improvement. Although these various developments have far from reached their goal of markedly improving the life conditions of poor people (both white and black) and other problems have arisen (perhaps most notably the severe problems of the urban black ghettos), still the overall average life conditions of poor and minority group families measured by many health, housing, education, income, legal, and employment indicators are better than they were before 1940. Better but not good: Much remains to be done to reduce racial and socioeconomic inequities.

In many societies, when changes are made in the fecundity and fertility rates of a people, the culture tends to adapt slowly to the changed conditions. Fertility values tend to remain high for a period of time, although they are no longer needed to assure a population of adequate size for the future (Chilman, 1968).

In Summary

Attempts to understand the causes of illegitimacy are best met by research that seeks the reasons for the various behaviors that are linked to births outside of marriage, rather than studying illegitimacy per se.

In considering illegitimacy as a separate topic, it appears that the following factors might be considered causative of unwed parenthood: changes in the nature of society that reduce the salience of the two-parent nuclear family to the economic well-being of parents and children; associated changes in cultural norms so that illegitimacy is no longer as stigmatized as it was earlier by the mainstream culture; and the failure of the culture to adapt rapidly enough to changing youth norms with respect to premarital coitus so that their is inadequate provision of family planning services for adolescents.

Studies of psychological causes of illegitimacy are markedly inadequate. There is no systematic evidence that unmarried adolescent parents are psychologically different from other adolescents. Most of the research in this area is highly sexist with its assumption that unmarried mothers have particular problems and with its scant attention to unwed fathers. (See also chs. 6, 7, and 8.)

The apparent causes of higher rates of black, compared with white, adolescent illegitimacy would seem to be higher rates of premarital coitus and sexual initiation at earlier ages; less tendency to use contraceptives or abortion (see ch. 10 regarding recent trends

in abortion behavior); less tendency to marry to legitimate a premaritally conceived child; the effects of poverty and racism on norms regarding illegitimacy; high rates of unemployment among black youth; and failure to adapt to the changed conditions of improved fertility brought about by public health and welfare measures.

APPARENT CONSEQUENCES OF TEENAGE ILLEGITIMACY

Introduction

In this section research about the apparent consequences of illegitimacy is reviewed. The following topics are discussed: health, income, education, marriage, mate and parent-child relationships, and further fertility. (See table 9-5 for a summary of related research.)

Health of Infants

Low birth weight constitutes a risk for babies; it is often associated with physical and mental handicaps, including mental retardation and other learning disabilities (George Washington University Medical Center, 1976). A number of studies show that the probability of having a low birth weight baby is strongly associated with poverty and minority group status, poor nutrition of the mother, pregnancy when mother is less than age 19 or over age 40, lack of early prenatal care, and being unmarried (Chase, 1970; Kovar, 1968; U.S. Department of Health, Education, and Welfare, 1972; Menken, 1975; Jekel, 1975).

Rates of infant mortality are also higher for babies of teenage mothers. About 6 percent of these babies die in their first year of life if the mother is age 15 or younger (Menken, 1975).

In general, it is not clearly known whether high rates of infant mortality and low birth weights among teenage groups are caused in part by the biological immaturity of the young mother or whether adverse effects are predominantly or wholly an outcome of poverty and related health care factors. It seems likely that for mothers under age 16 or 17, biological immaturity might be one of the negative factors leading to low infant birth weight; for older girls, this may be of little importance in most cases.

Nortman (1974) objects to consideration of health risks to infants of teenage mothers, using the relatively large 15-19-year age span. Based on her data analysis, she suggests that because infant mortality is lowest for women between ages 22 and 23 and because adequate child spacing is important, at least the first child might best be planned by age 18 or 19 but not before age 17 when risks are very high.

A recent study appears to illustrate the difficulties in differential assessment of the consequences and causes of early childbearing (both legitimate and illegitimate). Vandenberg analyzed the secondary data available through a large California health program.⁵ Records of children born to white teenage mothers, both married and unmarried, were compared with those of children born to older white mothers. Data were available for children who had been examined at age 5 and for children who had been examined at ages 9 to 11 years. The 5-year-old group had been born in 1960-63 and the 9-11-year-old group in the late 1950's. In general, developmental data for children revealed that those born to teenage mothers were significantly more apt to have a reading problem, to have poorer scores on reading and vocabulary tests, and to be somewhat shorter in height. The data showed further that the younger mothers were less likely to get early prenatal care, to have full-term deliveries, and to make use of prevention-oriented pediatric visits. There also was a trend toward higher use of emergency visits for medical care and greater incidence of hospitalization of the children of the young mothers.

The young parents, compared with older ones, were more likely to be of lower educational and occupational status. They also tended to have more children and higher divorce and separation rates. Although one-fifth of the young fathers went on for further education following the birth of the first child, this was true for only a few of the young mothers.

The findings from this study, like so many other similar investigations, fail to untangle the causes and consequence of births to teen mothers. We already have seen that adolescents of lower socioeconomic origins may be more likely than others to have premarital intercourse (particularly so in the late 1950's and early 1960's when the children in this study were born), and young people of lower social class origins are also less likely to use contraceptives or resolve an early pregnancy with an abortion. Moreover, as will be shown in chapter 10, teenage marriages have been more characteristic of adolescents from blue-collar families. Thus, the behaviors of the young parents and the developmental outcomes of their children may be more related to the total past and present life situation of these young parents than to the age at which they had their first child. (See also findings from the Furstenberg study reported later in this chapter.)

⁵ Barbara Vandenberg, personal communication regarding paper in preparation for meetings of the American Public Health Association, October 1978.

Table 9-5.—A summary of the consequences of illegitimacy on adolescents and their children

Factor and study	Sample	Methods	Findings
Health:^a			
Vandenberg, 1976	Secondary data of a large sample of families known to a major health service in California	Complex data analysis	There was a higher incidence of premature delivery of infants of young mothers; this also was true of their subsequent deliveries. There was a lower use of early prenatal care and of pediatric prevention services following child's birth, higher use of emergency and hospital care. Children, at age 5, were shorter in stature and had a greater tendency to poor hearing.
Education:			
Bowerman, Irish, and Pope, 1966	Large sample of predominantly black, low-income women in North Carolina	Interviews	Many respondents said, retrospectively, that they dropped out of high school because they were pregnant; yet, just as many left for other reasons.
Coombs and Freedman, 1970a	Data from Detroit area survey; large sample	Complex data analysis of interview findings	Men whose wives had been prematurely pregnant were less likely to have finished high school at the time of marriage, regardless of their age at marriage.
Cutright, 1973a	Data from 1967 Economic Opportunity National Survey	Complex data analysis	Forty-one percent of white women and 25 percent of black women who had an illegitimate birth were

See footnote at end of table.

Table 9-5.—*A summary of the consequences of illegitimacy on adolescents and their children—Continued*

Factor and study	Sample	Methods	Findings
Presser, 1976a	A random sample of New York City mothers with first-born children	Interviews and reinterviews	high school graduates, compared with 59 percent of whites and 40 percent of blacks whose first births were within marriage. Adolescent mothers were less likely to be high school graduates than older mothers; welfare benefits helped a number of teenagers continue their schooling.
Furstenberg, 1976	Longitudinal study of a select sample of low-income, predominantly black, adolescent females	Interviews, tests, observations	Adolescent mothers who were most apt to continue schooling were those with high educational ambition. Marriage interfered with schooling unless husband also educationally ambitious and supported wife's goals. A second pregnancy usually prevented further education. Special schools for teenage pregnant girls did not seem more effective in holding students through graduation than other schools. Majority of young mothers did finish high school.
Employment and income: Bowerman, Irish, and Pope, 1966	Large sample of predominantly black,	Interviews	Unmarried mothers, compared with married ones, were not significantly

	low-income women in North Carolina		
Sauber and Corrigan, 1970	A 6-year followup study of a sample of unwed mothers in New York City	Interviews	different in employment and income. However, data from this study, analyzed by Vincent, Haney, and Cochrane (1969), showed early childbearing made a difference. (See table 9-4, C-3.)
Furstenberg, 1976	Longitudinal study of a select sample of low-income, pre- dominantly black, adolescent females	Interviews, tests, obser- vations	No single pattern of economic adjustment was found, but by end of 6 years a larger proportion had sought public assistance. One-half were self-sufficient. Over a 5-year period a number of income patterns prevail. Most common income sources were personal earnings, public assistance, husband's earnings. Adolescents who had not had a premarital pregnancy were in best economic condition, but this group had a higher level of ambition. Respondents went on and off welfare in response to changes in job market. Those who married and then separated were in worse condition than those who remained single. Adolescent mothers whose families had been on welfare were most apt to go on welfare themselves. Income was not related to age at first pregnancy. Having more than one child often caused mother to need public assistance. Employment of young mothers was

Table 9-5.—*A summary of the consequences of illegitimacy on adolescents and their children—Continued*

Factor and study	Sample	Methods	Findings
Presser, 1975	A large sample of New York City mothers with first-born children	Interviews and reinterviews	dependent on job market, child care resources, high levels of educational ambition, high school graduation, and being at least age 20. Employment of mothers was mostly related to whether they had held jobs before the child was born, more or less regardless of the mother's age. Teenage mothers were more apt to be on welfare (50 percent of them). Three-fourths of the welfare group were in high school.
Steinhoff, 1976	Sample of young women in a Hawaiian maternity hospital	Questionnaires and interviews	Older mothers were more apt to be married to partners with adequate jobs. Younger mothers were more apt to be single, of lower socioeconomic origins, and to express values that were accepting of dependence and welfare status.
Effects on marriage: Bowerman, Irish, and Pope, 1966	Large sample of predominantly black, low-income women in North Carolina	Interviews	Unwed black mothers were less likely to marry than whites even when fathers of children were willing. Black fathers were likely to continue support anyway (findings

Sauber and Corrigan, 1970	A 6-year followup study of a sample of unwed New York City mothers	Interviews	similar to those of Ladner, 1972; Liebow, 1967; Rainwater, 1970). Marriage was most durable if mother married father of child (also found by Furstenberg). Least stable marriages were among girls less than 17. Couples with higher incomes were most apt to stay married. Women who had married, then separated, were in the worst economic condition.
Cutright, 1973a	Secondary data from 1967	Complex data analysis	Little economic effect found for women who had had an illegitimate birth 15-20 years earlier, especially in the case of black women.
Haney and Michielutte, 1974	Large sample of predominantly black, low-income women in North Carolina	Interviews	The attitude of respondents toward marriage, sex, and pregnancy was not affected by whether or not they bore an illegitimate child. Their current marital status was the determining factor.
Furstenberg, 1976	Longitudinal study of a select sample of low-income, predominantly black, adolescent females	Interviews, tests, observations	Young mothers were rarely married before birth of first child. Marriage was deferred until father had a job; black women were very cautious about getting married, especially when age 18 or less. Girls with highest educational-vocational goals were least likely to marry. Not marrying father did not prevent marriage; marriage was more apt to occur if parents of girl were sexually conservative. Marriages most

Table 9-5.—*A summary of the consequences of illegitimacy on adolescents and their children—Continued*

Factor and study	Sample	Methods	Findings
Effects on later fertility: Cutright, 1973a	Secondary data from 1967 National Survey of Economic Opportunity	Complex data analysis	likely to last were those based on long prior acquaintances and mutually exclusive commitments, plus higher educational-occupational status of husband. Adolescent unwed mothers who married were apt to be in a worse situation than those who did not. Half of these marriages ended in separation in a few years.
Furstenberg, 1976	Longitudinal study of a select sample of low-income, predominantly black, adolescent females	Interviews, tests, observations	Unwed mothers who never married had the smallest number of children. Whites who had been unwed mothers and married later had more children than white women who had not had an illegitimate child. This was not true for black women. Both married and unmarried mothers had unplanned pregnancies and more children than they wanted. Both groups rapidly increased family size. Aside from the first child born to young mothers, family size was not larger for the young unwed group (over a 5-year period). Women with high educational goals

Social consequences: Bowerman, Irish, and Pope, 1966	Large sample of pre- dominantly black, low-income women in North Carolina	Interviews	were less likely to have more than one child. Fertility rates did not differ between employed and unem- ployed respondents. Even though family planning services were avail- able, they were not used consist- ently. ^b
Ladner, 1971; Schulz, 1969	Anthropological studies in urban black ghettos	Interviews and obser- vations	Seventy percent of white unmarried mothers and forty percent of black unmarried mothers said they had tried to keep their pregnancy secret, but few women of either race said they had lost the respect of their friends because of their pregnancy. Adolescent girls tended to gain status as women, as a result of having chil- dren. It usually allowed them a freer social life with fewer parental controls.
Rubin, 1976	A small group of urban white blue-collar families in Califor- nia; most families in their late twenties and thirties	Series of intensive inter- views with both hus- bands and wives	Participants thought that it was a social requirement to marry to legitimate a premarital pregnancy. Other op- tions were considered unacceptable.
Effects on mothering behaviors: Furstenberg, 1976	Longitudinal study of a select sample of	Interviews, tests, obser- vations	Only 4 percent of young mothers gave up child for adoption, and 7 percent

See footnote at end of table.

Table 9-5.—*A summary of the consequences of illegitimacy on adolescents and their children—Continued*

Factor and study	Sample	Methods	Findings
	low-income, pre-dominantly black, adolescent females		of the children lived apart from mothers. About half of mothers shared parenthood with another adult, most often a nearby relative. Almost none used formal day care facilities. No differences in mothering behaviors were associated with age or marital status. The type of employment (full or part time) determined the amount of time the mothers spent taking care of their children. No differences were found in measured parent attitudes and behavior between mothers who had first child at 15 and those who had first child at 17, nor those who had first child at 19 or 20. Those mothers who were unhappy and rejecting of child during the first year of his/her life (about 15 percent of mothers) were likely to have problems with child's adjustment over next four years. Most mothers were seen as responsible and competent. No differences were found between welfare and nonwelfare

Effects on children:
Furstenberg, 1976

Longitudinal study of a
select sample of low-
income, predomi-
nantly black, adoles-
cent females

Interviews, tests, obser-
vations

mothers, between high school grad-
uates and dropouts, married and
single mothers. Two-thirds of
fathers maintained contact with
children and their mothers over
study's 5-year-period. Most of
these fathers also provided finan-
cial assistance.

By age 3, no differences had been
found in scores on Preschool Inven-
tory among children whose mothers
had been age 15 at their birth and
those who had been age 17 or 18.
No differences had been found by
marital or educational status of
mothers. Higher scores were found
for those children who were cared
for by more than one adult. Chil-
dren whose parents married early
and stayed married had the highest
scores in the group. Children of
young mothers were compared with
children of other parents who had
their youngsters in preschool pro-
grams. The latter group had higher
test scores, but investigator thinks
this is partly because these children
came from families of higher SES
and partly because they were all in
preschool.

Table 9-5.—*A summary of the consequences of illegitimacy on adolescents and their children—Continued*

Factor and study	Sample	Methods	Findings
Vandenberg, 1976	Secondary data of a large sample of families known to a major health service in California	Complex data analysis	By age 5, children of teenage mothers scored lower on vocabulary tests than children of older mothers. By ages 9-11, children of adolescent mothers were more apt to have reading problems and receive lower test scores on vocabulary. However, the lower SES of parents may have been the major source of these difficulties rather than their age at child's birth. (See for example, Furstenberg's results above.)

^aOther studies of health effects not detailed here. Numerous investigators have found lower birth weights among infants of adolescent mothers, together with less prenatal care by mothers; also higher infant death rates. Risks were highest for mothers less than age 15 (Chase, 1970; Kovar, 1968; U.S. Department of Health, Education, and Welfare, 1972; Menken, 1975; Jekel, 1975).

^bAlthough a number of investigators point with alarm to the large number of repeat pregnancies of unwed adolescent girls, they fail to compare these rates over time to (a) married teenagers and (b) older women of the same race and socioeconomic status (SES) as that of the single, adolescent group. If these comparisons were made, it seems possible that early childbearing outside of marriage does not differentially affect later completed fertility rates.

Educational Consequences

Failure to graduate from high school is often cited as a consequence of adolescent pregnancy. Further, it is frequently claimed that the prevention of teenage pregnancy through improved family planning services would make it possible for many more adolescent girls to finish their high school education (The Alan Guttmacher Institute, 1976). Helpful as family planning services may be to many teenagers, the probable large and direct impact of these services on the education of adolescent girls is more complex than such formulations suggest.

For instance, recent analysis of the 1975 current population survey of the Bureau of the Census, December 1976, shows the rates of school retardation of adolescent males and females, especially black teenagers. (See table 9-6.)

As shown in table 9-6, in 1975 almost 18 percent of white females and 29 percent of black females were retarded by one grade by the time they were in the third year of high school. About 2 percent of the whites and 4 percent of the blacks were retarded by 2 years in that grade. The percentage of black females who were retarded by two grades doubled between the junior and senior years.

These data further reveal the higher rates of school retardation for males of both races at every grade level. Moreover, these data show early rates of school retardation, appearing at least by the fourth grade. Another interesting fact emerging from this survey is that females of both races show a higher rate than males of school dropout between the second and fourth years of high school. Rates of high school enrollment fell from 97.15 to 81.2 percent between these years for white females and 93.2 to 77.6 percent for black females. However, in the senior year of high school, 86 percent of white males and 85 percent of black males were in school.

These data lead to a number of speculations. Among other things, they point, as data from other studies have, to the importance of early intervention to help children with educational problems in the elementary school years, particularly in the case of black youngsters and especially for boys. The data also suggest the proportion of adolescent girls who drop out of high school before graduation is far higher than the proportion who give birth to children either within or outside of marriage during the high school years. When we consider that almost a fourth of black adolescent girls and almost a fifth of white teenage girls are not enrolled in high school by the senior year, we can see that they are leaving for many reasons besides pregnancy. For instance, Kantner and Zelnik report that only one-third of the high school dropouts in their

Table 9-6.—*Retardation in school placement by race and sex, 1975*
[Percent]

Grade in school	School placement, 1-year retarded				School placement, 2-years retarded			
	White		Black		White		Black	
	M	F	M	F	M	F	M	F
4th grade	17.5	11.4	25.9	15.6	1.5	1.0	0.8	1.2
10th grade	23.0	15.0	25.8	20.1	3.2	1.0	10.0	6.6
11th grade	21.9	17.7	31.7	28.8	4.9	2.3	14.5	4.0
12th grade	20.2	15.0	31.1	24.1	5.3	3.2	12.9	10.5

study said they left school because they were pregnant. Other reasons were dislike of school, desire for a job, and plans for marriage.⁶

The data in table 9-6 further suggest, as Furstenberg's study also shows, that many of the young men whom young women might marry (hence, providing a father for a child) are educationally retarded and unlikely to have a high employment potential.

Although unwed adolescent mothers often say that they dropped out of high school because of their pregnancy, further investigation indicates that this is an overly simple statement. It is much like the misleading overt reason other adolescents give for leaving school early: "I didn't have enough money." Expressed regret over leaving school and announced plans for further education (reported in some of the studies) also need to be viewed with some skepticism. These are culturally expected responses, often quite different from actual behavior even when opportunities for further education are provided.⁷

For instance, Furstenberg (1976) found in his study of predominantly black, low-income adolescent mothers that the best predictor of actually returning to school was strongly expressed educational ambition (high educational goals, a specific plan to return to school, friends with similar goals and plans, and expectations of the self as a student), plus support from family and friends, including help with child care.

⁶ John Kantner, personal communication, 1976.

⁷ These comments only apply to young unmarried mothers who live in localities where pregnant, unwed girls are allowed by school officials to remain in school or to return after their babies are born. Not until the early 1970's did national public policy require that such girls be allowed to remain in public schools.

It is useful to recall from earlier chapters that educationally ambitious girls are less likely to have premarital coitus and more likely to use contraceptives if they do. Thus, strong educational ambition seems of central importance in preventing early pregnancies outside of marriage. It also seems to promote a return to school for those teenagers who do have children.

In this connection it is helpful to recognize that research about characteristics of female high school dropouts in general shows they are more apt to be impulsive, fatalistic, lacking in long-term goals, low in self-esteem; to come from unhappy and large families; to belong to a low-income and minority group; and to have negative attitudes toward school as well as academic problems that began in the early grades (Conger, 1973). Thus, some of the same characteristics that prompt leaving school early are similar to those that lead to becoming an unmarried adolescent mother.

Premarital pregnancy may not affect the education of young fathers directly, although Coombs and Freedman (1970a) found that in Detroit fathers with premaritally conceived children were less likely to have finished high school. (See ch. 10.) However, premarital pregnancy may not have been the problem for these men. Much as in the case of adolescent girls, Bachman (1972) learned in a nationwide study that boys who drop out of school early are likely to be of low SES; have poor relationships with parents; have low measured self-esteem; hold rebellious, negative school attitudes; and come from broken families. These characteristics also resemble somewhat those found among boys who have early premarital intercourse and fail to use contraceptives.

It is important to note that Furstenberg (1976) learned that a special multiservice school for pregnant teenage girls did not seem to make a large difference in encouraging his respondents to continue their education. Adolescent mothers who attended regular high schools were about as likely to graduate as those in special schools. The characteristics of these girls, especially their levels of educational ambition, seemed to make the difference for most of them rather than the nature of the school. (See also ch. 12 on programs and policies.)

In general, it seems that having an early pregnancy would make it more difficult for adolescent girls to continue with their education; but girls who are achieving well in school, have clear educational goals, have the opportunity to return to school, and have child care resources do not necessarily have their educational future "blighted" by the fact of having a child, either within or outside of marriage. It appears that a host of variables interact to create the

likelihood that a girl will not finish her education; pregnancy cannot be clearly identified as *the* cause.

Effects on Employment

It is frequently claimed that becoming a teenage parent prevents the girl's future employment. This, too, is an overly simple formulation. Presser (1975) found that mothers who had been employed prior to pregnancy were those who were more likely to work afterwards. Younger mothers were less likely to be employed partly because they had not had previous work experience and partly because of high rates of youth unemployment. Furstenberg (1976) reports that older mothers (over age 19 or 20) were more likely to work (again the youth employment factor), as well as those with a high school education (especially those with high educational ambitions). In this context, both Conger (1973) and Bachman (1972) point out that high school education per se is not so much the key to employment as are the conditions of the labor market, as well as the personal characteristics that high school graduates are more likely to possess. Bowerman, Irish, and Pope (1966) also failed to find that unwed motherhood in and of itself adversely affected the employment of young women. However, as in the case of the Presser and Furstenberg studies, becoming an unwed mother at a very early age seemed to have adverse effects on later employment.

Help with child care was a critical factor in the employment of young mothers in the Furstenberg study. This care was generally given by relatives with whom the mother lived or relatives who lived close by. Furstenberg's research in particular reveals the crucial help given by low-income, urban black families who constituted the greater part of his sample.

Effects on Income

It is commonly assumed that most adolescent mothers "go on welfare," especially if they are unmarried. Studies show that this is not necessarily the case. At least half or more of the young mothers in the predominantly low-income groups studied managed to be financially independent, especially if they married and the marriage lasted (Furstenberg, 1976; Sauber and Corrigan, 1970; Cutright, 1973b). Those in the best economic position, understandably, were families in which both parents worked. Self-support was largely a function of the labor market, as other studies have shown. People moved on and off public assistance as they lost and found jobs.

Presser (1975) found that one-half of the teenage mothers she studied in New York City were welfare recipients; welfare benefits made it possible for three-fourths of this group to continue high school. Young women in Furstenberg's study were most likely to be in comfortable economic circumstances if they had finished high school, had married, and not had a premarital pregnancy. This would seem to support the claim that early illegitimate childbearing leads to economic problems, but such a conclusion is overly hasty. Many of the young unmarried mothers came from "welfare families" in the first place and might have continued as public assistance recipients in their own families even without becoming unmarried mothers.

Steinhoff (1976) furnishes further insights from her small interview study of premaritally pregnant women in Hawaii. Somewhat as Furstenberg's study showed, those who married were more likely to be older and have partners with adequate jobs. The women themselves tended to have more education and training and planned later employment. A group of nonmarriers were younger, tended to have lower socioeconomic origins, and were judged to have value systems that accepted dependence and welfare status.

Here again, adolescent, out-of-marriage childbearing is often seen as a *cause* of a problem, whereas the deeper problem—poverty in this instance—is apt to be the major cause of a whole range of difficulties including a greater likelihood of adolescent illegitimacy and the tendency toward educational-vocational deficits, which undermine the abilities of both young mothers and young fathers to obtain steady employment at adequate wages, especially in a tight labor market.

Effects on Marriage

Marital outcomes for adolescent mothers is also a complex topic. At least three studies of low-income, predominantly black groups show that premarital pregnancy or childbirth outside of marriage do not, of themselves, prevent a young woman's chance for a satisfying, apparently stable marriage. They also show that marriage is not necessarily the best solution to the unmarried mother's problem.

Furstenberg furnishes the richest data on these points. His major findings show that marriages are most likely to last if the couple has had a longstanding, committed, exclusive relationship prior to the child's birth. (A host of studies on "happy marriages" shows the same thing.) His results are similar to others, too, in revealing that steady employment of the husband promotes marital stability.

Marriages contracted *before* the birth of the baby also are more likely to last, despite the belief of a number of the young mothers that the couple should wait for marriage until they were in better economic condition.

About half of the marriages in the Furstenberg sample did *not* last. Young mothers whose marriages broke up were apt to be in a particularly bad economic condition, partly because they were more likely to have two or more children. Most whose marriages had failed were embittered by the experience. Many entered new relationships but did not plan to marry again. Young mothers who did not marry were more likely to continue with their education, partly because relatives helped with child care. Those who married high school graduates, however, were also likely to continue with their education.

Having an out-of-wedlock child during adolescence did not necessarily inhibit the girl's chance for marriage, according to the largest available in-depth studies on this subject (Furstenberg, 1976; Sauber and Corrigan, 1970; Bowerman, Irish, and Pope, 1966; Cutright, 1973b). Furstenberg's research showed the girl's chances of marriage were highest if she married the father of the child rather than searching for another man. Having two or more out-of-marriage children did decrease the girl's chance of marriage.

Sauber and Corrigan, as well as Furstenberg, furnish the only adequate data about unmarried fathers. Again, contrary to public impressions, we find that the majority of young fathers, married or not, tended to take a good deal of interest in both the mothers and their babies. Many visited frequently and helped with financial support. If the mother married another man, the natural father's interest in his child tended to dwindle.

And in all, the available studies indicate that marriage often makes the situation of the unwed adolescent mother worse, rather than better, unless the marriage has a sound social, psychological, and financial basis to begin with.

Effects on Further Fertility

Cutright (1973b) found that both white and black mothers who never married had the smallest number of children. He further learned that among whites the number of children ever born was largest for formerly unwed mothers; however, this was not true for nonwhites (also found for nonwhites by Furstenberg, 1976). Furstenberg learned further that both married and unmarried adolescents usually did not plan their pregnancies. The relationship between pregnancy goals and expectancies compared to actual reproductive outcomes was very slight. However, highly ambitious women

with strong educational goals were generally able to prevent second pregnancies. The total number of pregnancies was much higher for those who never went back to school. Employment did not have a similar effect. By the fifth year, employed and unemployed women had similar fertility rates, even for those who held steady well-paying jobs.

A discussion in *Population Reports* (George Washington University Medical Center, 1976) expresses concern about the demographic effects of early childbearing. It tends to have a shortening effect on generations and to increase cumulative fertility through a lengthened reproductive period. Adolescents who have their first child while they are very young may continue in the childbearing pattern because they fail to develop other roles for themselves. Although it is frequently noted that adolescent childbearing is associated with larger completed family size, this may be primarily a result of low SES rather than of age per se in that both teenage childbearing and lack of effective contraceptive use tend to be the norm among people of rural origins and of low-income, low-occupational status, and with little education. If this is true, the multiple disadvantages imposed by poverty and racism are the key causes of large completed family size.

A group of studies points with alarm to the high number of repeat pregnancies of teenage mothers. Most show at least one-half of these mothers experience a second pregnancy within 36 months of delivery (Ricketts, 1973; Sarrel, 1967; Howard, 1968; Sauber and Corrigan, 1970; Miller, 1973a). However, these investigations fail to use control groups of women who had their first child when they were older, and thus they fail to prove that early childbearing results in an unusually rapid reproductive pattern. Furstenberg's study indicates that, aside from the first pregnancy, this is not the case when women of similar race and socioeconomic levels are compared.

Effects on Marital Behaviors and Attitudes

Furstenberg seems to be the only investigator who systematically studied outcomes of early childbearing for both the young mothers and their youngsters. Once more, contrary to popular opinion, it appears that most of his unwed teenagers performed well as mothers; there were no differences in terms of education, income, or employment status between those young women who had their children in their midteens and those who had them a few years later. There were also no differences between married and unmarried mothers in reference to these outcomes. The great majority

of mothers lived with their children and seemed to be deeply and positively involved in their care. Employment was the factor that caused some of these mothers to give part-time, rather than full-time, care to their children. Alternate child care was provided primarily by relatives or friends.

Maternal behaviors and attitudes did not seem to vary by whether the father was present or absent from the home or by whether the father visited the family. Mothers who had been unhappy and rejecting of their children during the first year of life (about 15 percent) tended to have adjustment problems over the next 4 years and were rated by observers as less competent mothers (findings similar to those for the white, middle-class group (Chilman, unpublished study, 1974). In general, the measurement of parental behaviors and attitudes is a technically difficult field. Furstenberg's results should be regarded as suggestive, therefore, rather than conclusive.

Developmental Outcomes for Children

Furstenberg also has the only in-depth study that attempts to assess developmental outcomes for the children of adolescent mothers.⁸ He compared these outcomes for three groups: 3- to 4-year-old children of young teenage mothers, children of slightly older mothers, and children of mothers of higher SES. He found no differences in levels of cognitive development, as measured by the Pre-School Inventory, between the first two groups but children from the third group had higher scores, on the average. He attributes this finding to the higher socioeconomic level of the parents in the third group and to the fact that all of the third group youngsters were in preschool, rather than to the young age or marital status of the first two sets of mothers.

He also found that children in the first two groups tended to have higher scores if the father was in the home. Scores were almost as high, however, if child care was shared by another adult. This finding probably was affected by the fact that mothers who shared child care were more apt to be employed and employed mothers had higher scores for educational ambition.

Differences were not found among the three groups of children in terms of their social development, as measured by this research. However, as the author remarks, these measurements may well have been seriously inadequate.

⁸ See also the Vandenberg analysis of secondary data concerning developmental outcomes of children of young mothers, table 9-5.

One hears statements that teenage mothers are too immature to take on the maternal role, that they regard their children as playthings, that they soon get tired of their children and begin to neglect and abuse them or bring them to social agencies for placement. These statements appear to have little weight, at least for this group of urban, low-income, black mothers.

One hears, further, that children of teenage mothers receive less adequate care and are thereby handicapped in their development. This rumor also seems to have little weight. The lower cognitive development scores for the children of young teenage mothers were found not to be lower than those for children of older adolescent mothers of the same race and general SES. Differences found for these two groups compared with others may have been largely a result of the higher SES of the parents of the latter groups, together with the fact that all these children were in preschool.

All in all, Furstenberg's findings seem to indicate that within the limited resources provided by the environment and their own development within it, the young mothers and fathers that he studied seemed on the average to have been responsible, competent, caring parents. We do not know whether they would have done better if they had deferred childbearing to the ages of 21 or 22. Without changes in their life circumstances (such as markedly improved employment opportunities), it seems unlikely that they would or could.

Furstenberg's findings might be less favorable if the study were continued through the middle and adolescent years of the children of these mothers. The preschool child's cognitive and social development may be less adversely affected by having had teenage parents than might be true of the development of older children. However, further developmental outcomes would be affected so pervasively by the total environment that the specific effects of parental age and marital status would be extremely difficult to delineate.

Furstenberg's study looked at only one small group of adolescent mothers, a predominantly black, low-income one. We do not know from this research how adolescent parenthood would have affected the parental behaviors and attitudes as well as child development outcomes of other similar, as well as different, groups. The Kantner and Zelnik findings that white teenage mothers are less likely to keep their babies and less likely to live with those they keep suggests that outcomes might be quite different for many white mothers and their children.

The generally greater acceptance of teenage childbearing and of illegitimacy among low-income black people and the tradition of shared child care within the extended family and neighborhood

probably creates more psychological and social supports for the young unmarried mother and her children in this environment.

It often is assumed that marriage provides an excellent resolution to a teenage pregnancy, especially in terms of the child's welfare. Furstenberg's findings both confirm and refute this assumption. It appears to be better for the child's welfare if the biological parents marry (either before or after the child's birth) and remain married. A broken marriage seems to be worse for the child than no marriage. Marriage to a man other than the child's biological father also seems to have adverse effects; presumably other fathers have fewer close, positive feelings for the child. These findings do not imply that marriages should be maintained at all cost. Recall that findings reported earlier from the Furstenberg study showed that marriages were most apt to endure when the couple had a long-term, previously committed relationship and when both husband and wife were high school graduates and able to provide an adequate economic base for the family. Then, too, a research analysis by Herzog and Sudia (1970) and by Ross and Sawhill (1975) show that marital conflict can be worse for children than marital dissolution.

Social Consequences

Only a few studies have inquired about the effect of unmarried motherhood on the social lives of adolescent girls; both of these studies were primarily with low-income blacks. In general, they found no adverse effects of unmarried parenthood on the people they studied (Bowerman, Irish and Pope, 1966; Reeder and Reeder, 1969).

Ladner (1971), Stack (1974), and Schulz (1969), in their anthropological studies of low-income urban blacks, found that adolescent single girls tended to gain a more adult status following the birth of a baby. This was a mark of mature womanhood and indicated that they were ready for a freer kind of social life with fewer parental controls.

Furthermore, a great deal of social tolerance was expressed by teenage girls regarding the sexual behavior of their peers. Each person was regarded as having the right to follow the path she chose with no constraints imposed upon her by her friends (also found by Kantner, 1975).

It is commonly observed that out-of-marriage pregnancy results in severe social ostracism in many middle-class and blue-collar white social groups. However, there appears to be little research on this subject. Because norms are changing so rapidly, negative social sanctions are probably lessening.

Some social agencies appear to be doing an excellent job in helping young, unmarried mothers and their parents come to terms with an illegitimate pregnancy and deal effectively with adverse reactions on the part of neighbors, relatives, friends, school personnel, and employers. There seems to be no research, other than the Furstenberg study, that investigates the reactions and behaviors of the young unmarried mother's parents and siblings connected with the pregnancy, birth, and care of the child by his/her adolescent mother and father. There also are no systematic studies of what help human service agencies and private physicians are giving in this area or how effective this help may be.

In Summary

Little is known about the effects of unwed parenthood on adolescents. The only longitudinal study on this subject was carried out by Furstenberg with a relatively small Baltimore sample predominantly made up of low-income black females. An analysis of his findings leads to the tentative conclusion that few, if any, adverse consequences as a result of early, unwed childbearing *per se* could be found for his group in terms of education; employment; and marital, social, and parenthood outcomes. However, his results, plus those of a few other studies, suggest that very early childbearing (before age 17) may lead to negative consequences, including a higher rate of birth defects among the children of these mothers. On the other hand, a few clues from research about premarital coitus suggest that females who engage in this behavior before age 15 or so may have special social and psychological problems that lead them to this behavior in the first place. (See ch. 6.)

Although it is frequently noted that young unwed mothers of high school age often drop out of school, fail to find employment, and become dependent on welfare, the available research suggests that earlier social, psychological, and economic factors are apt to lie at the root of all these behaviors.

Contrary to general assumptions, marriage by young unwed mothers of predominantly lower socioeconomic family backgrounds does not generally resolve their difficulties. In fact, it often compounds them. The males who are the putative fathers in most cases also have a number of psychosocial characteristics that make both high school education and steady employment difficult for them to achieve. Then, too, unless the young couple has had a sound relationship for a period of time, the marriage may be fraught with conflict and may soon end in separation.

Being an unwed adolescent mother does not necessarily stand in the way of future marriage. However, marrying someone other

than the natural father of the child may create special problems. Young mothers with two illegitimate children appear to have greater difficulty in acquiring a husband than those with only one child.

The psychological effects of unwed parenthood seem not to have been studied. However, according to Ladner (1971), Stack (1974), and others, low-income black teenagers often state that having a baby has made them feel more mature and responsible.

The consequences of unmarried motherhood for white females and those of upwardly mobile blue-collar or upper- or middle-class backgrounds simply are not known because there are no satisfactory studies on this subject.

As to the effects of unmarried fatherhood on males, no researcher appears to have studied this topic.

As in the case of studying the *causes* of illegitimacy, it seems important to look at the consequences of unwed adolescent pregnancy compared with the consequences of other premarital sexual behaviors—the consequences of abstaining from premarital coitus; of using contraceptives; of resolving a premarital pregnancy through abortion, adoption, or early marriage.

Chapter 10

Adolescent Marriage and Childbearing Within Marriage

TRENDS IN ADOLESCENT MARRIAGE AND BIRTH RATES

About two-thirds of births to adolescents occur within marriage. Much less attention is given to this group of young people than to those who are unwed parents. However, it is important that married as well as unmarried adolescents be considered in this overview of research related to adolescent sexuality.

Marriage Rates

The marriage rate for teenage women has declined markedly since 1960 for whites and since 1950 for blacks. For both races, the early marriage rate rose rapidly during the 1940's, although it had been lower and fairly steady for the 1900 to 1940 period (Sklar and Berkov, 1974). In 1970 about 12 percent of females ages 15-19 were married, compared with 16 percent in 1960. The population dropped from 6.8 to 4.7 percent for young women ages 15-17 during the 1960's and from 32 to 23 percent for 18-19-year-olds. The proportion of women married by age 18 dropped by over 50 percent between the early 1950's and the mid-1960's, compared with those in the early 1950's (Baldwin, 1976).

The marriage rate stayed the same for adolescent males during the 1950-60 period—about 8 percent. The probable reason for this stable male rate is that females tend to marry males who are about 2 years older than themselves; but this age differential declined between 1960 and 1970 because the sharp rise in birth rates in the late 1940's meant that, by the midsixties, there was a smaller proportion of "older" males for the females who were ready for marriage (U.S. Department of Health, Education, and Welfare, 1973). This has been termed the "marriage squeeze."

In 1969 marriage rates for whites were higher than nonwhites ages 18-19, but the reverse was true for those between ages 15 and 17 (U.S. Department of Health, Education, and Welfare, 1974). In that same year, teenage marriage rates were estimated to be highest

in the South, followed by the North-central, Western, and Northeastern regions. Compared with other industrialized countries, the United States has a very high rate of early marriages, exceeded only by Romania, Bulgaria, Australia, and Hungary.

The drop in the early marriage rate has been accompanied by a rise in the number of young couples living together without marriage. In an analysis of census data, Paul Glick reports that 50 times as many men and 16 times as many women, ages 18-24, reported living together without marriage in 1970 compared with 1960. Moreover, this number increased as much again between 1970 and 1974 (Baldwin, 1976). (See also ch. 6.)

Birth Rates

The overall birth rate for females ages 15-19 has dropped steadily since 1960, following a consistent increase from 1945 through 1955 and a plateau between 1955 and 1960.¹ (Although the overall adolescent birth rate declined between 1960 and 1975, it rose for girls age 17 and younger between 1967 and 1972; it has since declined slightly.) The decrease in birth rates since 1960 has not been as sharp for adolescents in general as for older age groups.

Because teenagers make up a large proportion of the population (owing to the earlier "baby boom") and because their birth rates have declined less than rates for older women, there is concern about the relatively large numbers of babies born today to young mothers. In 1975, 19 percent of all births were to teenagers compared with 14 percent in 1960. In all, 595,000 babies were born to teenagers in 1975; 227,000, to adolescents 17 or younger; and 13,000, to girls under age 15.

Trends in birth rates have been roughly similar for both white and nonwhite adolescent females since 1920. These rates declined somewhat for whites from 1920 through 1945 and rose slightly for blacks during this same general period. They rose steeply for both races from 1945 to 1957, as already stated. However, rates for blacks began to decline in 1957; and for whites, in 1960. During the entire 1920-75 period, the birth rate for black teenagers has been at least double that for white ones. Interestingly, between 1970 and 1975 the birth rate for females *under age 16* rose somewhat for whites, but declined for blacks—although the latter rate was still much higher.

Birth rates for teenagers are highest in rural nonfarm areas and in the South, followed by North-central, Western, and Northeastern

¹The emphasis in chapter 9 is on births to adolescents outside of marriage. This chapter discusses the overall teenage birth rate.

regions. Childbearing declined by 40 percent for college women and young women in the labor force between 1970 and 1974; the decline was not nearly as great for other young women (Kantner, 1976). It seems likely that the women's rights movement, the increased availability of modern contraceptives, and improved educational-vocational opportunities for women played a large part in the decline for both the highly educated and employed groups.

Premarital Conception

There are various estimates of trends in premarital conception rates; Kantner (1975) estimates from his own and other data that, including out-of-marriage births, the proportion of first births conceived before marriage was 83 percent for black teenagers and 49 percent for whites in 1964-66. By 1971 it was 95 percent for blacks and 66 percent for whites. Almost one-third of the births to teenage wives in 1975 was estimated to have been premaritally conceived. High rates of premarital conception are found, especially among wives age 17 or younger.

Zelnik and Kantner (1974) found that 10 percent of their study population of 15-19-year-old girls had married. One-third of the wives who were premaritally pregnant married before the child was born. The proportion was 50 percent for the premaritally pregnant whites, but only 8 percent of the comparable blacks. Most of these pregnancies were unwanted, but very few respondents had used contraceptives to prevent them.

A small group of nonpregnant girls in the Kantner and Zelnik study population was married. A number of them became pregnant after marriage, but one-fourth said the pregnancy was not intended. Only a fifth of the married adolescents who did not plan children were using contraceptives; but the proportion of married couples who *did* use contraceptives was higher than for those couples who were not married.

CAUSES OF EARLY MARRIAGE²

Although it is frequently assumed that premarital pregnancy is the precipitating factor in so-called early marriage, this is only partly true. It should be borne in mind that only one-third of early-marrying women are pregnant at the time of their weddings.

²"Early marriage" is variously defined. Some researchers in this field define it as marriage of women under the age of 18 and of men under the age of 20. Others would put the ages at 20 and 22, respectively. It is partly a matter of one's assumptions and value systems about the appropriate age for this event.

As we have seen, the tendency for women from ages 15 through 19 to marry decreased markedly after the mid-1950's. During the 1950's, however, there was a great deal of alarm about the increase in young marriage during the 1940's and the apparent continuation of this trend.³ This alarm led to a number of studies of the causes and consequences of these marriages, often with an assumption that they were pathological in origin and problematic in results. The search for causes of early marriage included surveys to assess related demographic characteristics as well as studies that examined psychological and social factors.

Premarital Behavior

Early marriage (bride 18 or younger; groom age 20 or less) was found to be significantly associated with early dating and going steady (Moss and Gingles, 1959; Inselberg, 1961; Chilman, 1963; Bayer, 1968). At least one study found that early marriage was more likely to occur if a girl dated a large number of boys, went steady with a number of them, and considered herself "in love" with her steadies (Burchinal, 1959a). As shown in chapter 6, these factors are similar to those found to be associated with adolescent premarital intercourse. At least one study of college students showed that participation in premarital intercourse was associated with early marriage for women but not for men. Early marriage did not necessarily take place because of premarital pregnancy. Rather, at the time of this research (1961), many young women believed that they should not have premarital coitus without a marriage commitment. It seems likely that many of them pressed for marriage because intercourse had occurred (Chilman, 1963).

Psychological Factors

Studies about psychological factors associated with early marriage have yielded conflicting results. It appears that some people marry early partly because, in general, they are unusually mature for their age and hold strong family values; conversely, some have had a long history of personality problems, come from unhappy homes, and are looking for the security of an intimate relationship (Chilman, 1963; Moss and Gingles, 1959).

³In general, researchers have difficulty in keeping up with trends in rapidly changing times. By the time they have geared up to study a trend, it may have reversed or at least moderated. This may be true of the current furor over teenage illegitimacy.

A few studies show that early-marrying girls tend to take a traditional view of the female role, are largely domestic in their interests, and are low in educational-vocational aspirations (Moss and Gingles, 1959; Burchinal, 1964). These characteristics also have been found for adolescent females who engage in early premarital intercourse, fail to use contraceptives consistently, and have children outside of marriage. (See earlier chapters.)

A small number of investigators have looked at measured personality differences between early- and late-marrying adolescents. This research has a variety of methodological problems. Therefore, little confidence can be placed in the results. However, in a more rigorous study, Burchinal (1959a) assessed the measured personality differences between two small groups of early-marrying girls in Iowa. No significant differences were found for the premaritally pregnant compared with those who were not pregnant, except that the first group had higher heterosexual interests.

Parent-Child Relationships

Some researchers have hypothesized that early-marrying adolescents are particularly apt to come from unhappy homes. Lowrie (1965) found this was especially the case for adolescent girls who married when they were less than 16 years old. Most of this group were premaritally pregnant. (As shown in ch. 6, there are clues from the research that girls who engage in premarital coitus in early adolescence may be especially likely to have social and psychological problems.)

Through intensive clinical interviews, Chilman (1963) found that early-marrying white college students of both sexes tended to divide into two groups with respect to early family relationships. One group of these students came from extremely unhappy families; they perceived their parents' marriages as having been conflict-ridden and their own childhood and adolescence as having been "miserable." The second group came from exceptionally strong families in which the relationships between parents and between parents and children were remembered as being "very happy." Perhaps early marriage occurs for two major family relationship reasons: the desire to compensate for, or escape from, an unhappy family situation; and the desire to emulate the model of happy family life provided by one's own parents.

Moss and Gingles (1959) and Inselberg (1961) learned that parent-child relationships were seen by early-marrying adolescent girls as having been unhappy at the time of the marriage; however, these relationships improved later.

Socioeconomic Status

A number of studies show an association between low socioeconomic status (SES) and early marriage (Burchinal, 1959a; Rainwater and Weinstein, 1960; Bantz and Nye, 1970; Elder and Rockwell, 1976; Rubin, 1976).

Bantz and Nye (1970), in a review of research on causes and consequences of early marriage, propose "derived theoretical propositions." These propositions emphasize the part played by lower social class membership, with the fewer role and status satisfactions afforded to adolescents and thus the greater attractions that seem to pertain to early heterosexual involvement and marriage.

As Rubin writes, on the basis of her recent intensive study of a group of blue-collar California families: "For most working-class girls getting married was and probably still is—the singularly acceptable way out of an oppressive family situation and into a respected social status and the only way to move from girl to woman. Thus, despite the fact that the models of marriage they see before them don't look like their cherished myths, their alternatives are so slim and so terrible—a job they hate, more years under the oppressive parental roof—that working-class girls tend to blind themselves to the realities and cling to their fantasies (of a perfect marriage) with extraordinary tenacity (p. 41)" (Rubin, 1976).

Most of the husbands and wives in Rubin's study married when they were young: an average age of 20 for the men, of 18 for the women. The women usually recalled their courtship in romantic terms, but the men seemed to have drifted into marriage. "Somehow she caught me; I don't know how she did it. But a man has to marry some time, doesn't he? (p. 52)" (paraphrased from Rubin, 1976). (Similar findings about "blue-collar" marriage were obtained by Rainwater and Weinstein, 1960 and Komarovsky, 1964).

Many of the men and women in the Rubin study had experienced premarital intercourse. Most of the women (now in their thirties) expressed guilt and anxiety about their earlier behavior. Many were pregnant before marriage. For this group premarital pregnancy automatically meant marriage to both the men and the women: No other choice was acceptable (p. 67) (Rubin, 1976).

Elder and Rockwell (1976) have carried out an impressive analysis of the causes and consequences of timing of marriage among white women born between 1925 and 1929. Using data from the National Fertility Studies of 1970 and 1965, they identified early marriers (under the age of 19), "on time" marriers (ages 19-22), and "late" marriers (over age 22). They found that early-marrying women were more likely to come from low socioeconomic

origins, especially if they failed to finish high school. However, in times of economic depression, they were especially apt to defer marriage. Regardless of socioeconomic level, early marriers were distinguished by residential separation from parents, a large number of siblings, and birthplace in the South and on a farm.

Late marriers were most likely to be daughters of middle-class Catholics. Non-Catholic, late-marrying women were characterized by advanced education and high occupational status. Late-marrying women of lower socioeconomic origins tended to be exceptionally achieving and ambitious for educational-vocational advancement, to marry men younger than themselves, and to marry men who came from higher social class backgrounds.

The findings cited above from Rubin and from Elder and Rockwell apply to people who were in their middle years at the time of the investigations, and similar findings might not be obtained for early-marrying men and women in the 1970's. Similar comments can be made concerning the other research reported here. As a matter of fact, it appears that no study has been done since 1965 about the causes and consequences of adolescent marriage, aside from Furstenberg's longitudinal study of a small group of black adolescents. This research will be discussed in the following section on consequences of early marriage.

APPARENT CONSEQUENCES OF EARLY MARRIAGE

Marital Stability and Statistics

Burchinal (1965) reviewed 1950 and 1960 census data and found that divorce and separation rates were two to four times higher for young people who married in their teens, compared with those who married in their twenties. He speculates that age alone is not the determining factor in marital stability. People who marry in their teens are also more likely to be of low SES, have little education, and tend to experience employment problems—all factors associated with divorce and separation in the periods under consideration. Somewhat similar findings were obtained by Glick and Mills (1974) in their analysis of 1960 and 1970 census data. They also report that early marriages are more likely to end in divorce, for both white and black males and females (early marriage is defined as occurring at less than age 20 for men and at less than 18 for women). They found that in both 1960 and 1970 first marriages were more likely to endure among couples whose incomes were well above the poverty line.

Burchinal (1959a) found in his Iowa study of young premaritally pregnant wives compared with other young wives that the premaritally pregnant were more likely to be unhappy in their marriages. Premaritally pregnant couples also had less income than the others. Husbands were younger and more likely to be students or employed at lower occupational levels. More of the premaritally pregnant regretted their marriages, and more of these wives wished they had finished high school. These findings are hardly surprising, considering that the premaritally pregnant couples probably entered forced marriages whereas the others presumably married because of their own desires.

Christensen (1960) proposes that values one holds about premarital pregnancy make an important difference in its effect upon the divorce rate. He found that premarital pregnancy and subsequent marriage was strongly associated with higher divorce rates in Indiana but much less so in Denmark where norms are more permissive. However, in both Indiana and Denmark premarital pregnancy and early marriage were more likely to occur among lower socioeconomic groups and more likely to end in divorce than later marriages with postmarital conceptions.

Bacon (1974) analyzed data from the national probability sample in the 1967 Survey of Economic Opportunity. He found that marital instability was markedly related to the age at which married women had become mothers. Of those who gave birth before age 15, one-third of the marriages ended in separation or divorce compared with 10 percent of those who bore their first child after age 22. These findings applied to white women particularly. In general, rates of marital breakdown were over twice as high for black women, and age at first childbearing made far less difference for black than white women.

It should be recognized that Bacon's findings pertained to people at all age levels in 1967 and do not necessarily apply to the impact of early motherhood on adolescents in the 1970's. However, they indicate that early marriage and early childbearing probably make a more distinct difference in marital stability for white couples than black ones. This is probably because poverty, with its adverse effects on marriages, is far more pervasive and profound in its overall effects on black people. Racism added to poverty places even more pressure on marital stability of couples of all ages.

Rosenwaike (1969), in a study of Maryland marriage and divorce data, also found a stronger association between age at marriage and marital dissolution for whites than blacks. Along with the probable impact of racism and poverty mentioned above, there also

may be a cultural norm factor operating, similar to Christensen's findings reported for Indiana compared with Denmark. Because black people at lower socioeconomic levels tend to be more sexually permissive in their attitudes than white people, there is generally less stigma attached to premarital pregnancy, illegitimacy, and early marriage. Thus, fewer sociocultural pressures would be experienced by early-marrying, pregnant black teenagers in low-income families.

For a detailed discussion of the consequences of premarital pregnancy and early marriage on a group of black adolescents, see chapter 9, in which Furstenberg's Baltimore study is reviewed (Furstenberg, 1976). In brief, teenagers in the Furstenberg study who become premaritally pregnant at less than age 17 and who married were at a greater economic disadvantage than those who married later. This was especially true for the late marriers who did not become pregnant either before or soon after marriage. Half of the early marriages dissolved within a few years. This was especially likely to happen if the couple had not established a long-term, mutually committed relationship before marriage.

Factors associated with self-reported marital happiness were analyzed by Chilman (1963) in her study of early- and late-marrying white college students. She found that marital happiness was not associated with such factors as premarital pregnancy, time of marriage, current income, work and student status of husband and wife, personality characteristics, and so on. Two major factors were discerned in the two groups: Significantly more of the unhappy wives saw their parents' marriages as unhappy and rated their own childhood and adolescent years as unhappy (this was also true for unhappy husbands, particularly with respect to their adolescent years); and significantly more of the unhappy husbands and wives had children and more of them had unplanned children. The presence of unplanned children seemed not to be the central problem, however. The difficulty appeared to lie in the husband-wife relationship and its effect on birth planning because all of the married students knew about contraceptives and low-cost contraceptive services were available to all. (See ch. 7.)

In general, evidence from the studies of Rubin, Chilman, and Furstenberg, cited here, provide further credence to similar findings of numerous other studies of marital satisfaction and stability. The large body of research about marital satisfactions and stability is far too extensive to discuss here. However, the following characteristics were found to be conducive to high levels of marital satisfaction (Terman, 1938; Bowerman, 1957; Burgess and Cottrell, 1939;

King, 1952; Kirkpatrick, 1963; Locke, 1951; Locke and Williamson, 1958; Locke and Wallace, 1959; Nye and MacDougall, 1949; Stroup, 1953):

1. Happiness of parents' marriage and lack of divorce in family of origin
2. High level of self-perceived childhood happiness
3. Mild but firm discipline during childhood with only moderate punishment
4. Adequate sex information, especially from encouraging parents
5. Substantial time of acquaintance before marriage; lower rates of premarital pregnancy
6. Mutual enjoyment of sex relations
7. Open expression of affection between sexes, confidence in each other, equalitarian, free communication
8. Joint participation in outside interests; friends in common
9. Residence stable
10. Education at least through high school
11. Higher level income of at least \$10,000 per year

These findings underline the importance of the individual's personal development history and its effects on self-perceived qualities of marital relationships. They also indicate that these personal characteristics interact with situational ones, such as number of children born, education, income, and employment, to affect marital happiness. These findings further suggest that there tends to be a too-easy assumption by researchers and others that single factors, such as premarital pregnancy or timing of marriage, make a decisive impact, by themselves, on marital happiness and stability.

Effects on Income

Early marriers who have a premarital pregnancy are apt to have less money in the first years of marriage, partly because the wife is less apt to work (Burchinal, 1959b; Inselberg, 1961). Later, early-marrying women are likely to be forced to take jobs to supplement the meager earnings of their husbands. However, the low income of early-marrying couples is probably heavily affected by the fact that so many of these women came from low-income families in the first place and have relatively little education and few occupational skills (Elder and Rockwell, 1976; Rubin, 1976).

Coombs and Freedman (1970b) compared married white urban couples who had experienced a premarital pregnancy with other couples whose children were conceived after marriage. At

marriage, the first group of husbands had less education than other husbands in the sample and a lower occupational status. Over time, they tended to catch up to the second group in education, occupation, and earnings. However, those who had married premaritally pregnant brides were less likely to accumulate capital assets. They also were less likely to effectively plan the number of children and to realize the child spacing they desired, although their families were not necessarily larger than those in the second group.

The investigators comment that the possible contributions of psychological factors to these different outcomes for the two groups of couples could not be assessed because measurement of psychological traits was not included in the study. The results of this study are often interpreted as furnishing important evidence that a premarital pregnancy prevents a married couple from building financial security. It seems likely that other factors besides premarital pregnancy played an important part in the obtained findings. It appears that many of these couples were unable (or unwilling) to plan effectively in general and carry out plans in a careful, future-oriented fashion.

The fairly widespread conviction that early marriage usually has adverse effects on family income probably stems from the 1950's and earlier when it was not customary for wives to hold jobs and when few couples used contraceptives in the early years of marriage. Now that it has become common for wives to work outside the home and for couples to plan for no or few children, young marriage may not have the adverse economic effects that it generally had in earlier times. However, given the current high rates of unemployment for young people who are less than 20, it seems unlikely that most married adolescents would be able to support themselves today (1977).

Effects on Education

Adolescents who marry early quite naturally tend to have less education at the time of their marriage than those who marry later (Elder and Rockwell, 1976; Furstenberg, 1976; Bacon, 1974). As in the case of income, it has been widely assumed (at least until recently) that early marriage prevents the acquisition of further education for both husbands and wives—especially wives. This was probably true until the late 1940's or so. Before that time, high schools and colleges tended to bar their doors to married students. They seemed to assume that only married students had been sexually initiated and that the purity of the single students would be blemished by their association with those who had "carnal knowledge."

(Attitudes of these kinds were inherited from the ancient monastic traditions of academia.)

The post-World War II veterans, returning to school on the GI bill, broke the marital ice in colleges. Most proved themselves to be excellent students, "even though married." Their generally fine performance (plus the need of colleges for students in the 1950's) paved the way for further adventures in higher education for both husbands and wives. It turned out, even more suprisingly than in the case of veterans, that married women were often first-rate students. Like the veterans, their greater maturity and life experience, plus their high levels of motivation, combined to help them turn in a generally excellent record of academic performance. By the end of the 1950's and the beginning of the 1960's, high schools, too, started to be less rigid about insisting that the student body be virginal. As shown in chapter 9, there was a growing tendency, which has strengthened over the past 15 to 20 years, to allow pregnant high school girls, and even young mothers, to continue with their education.

In general, greater flexibility about the timing of life events has developed since the mid-1940's. We are not as bound as we once were to the Biblical agricultural tradition that "there is a time and season for all things." Old beliefs die hard. It is still difficult for many people to accept that life, today, can hold many options for most people. It is possible, for instance, to obtain an education and to launch new careers at many stages of the life cycle. It is possible to have children early and enter the labor or education market later. It is less possible, in actuality, to defer marriage and child-bearing for many years until educational-vocational goals have been achieved.⁴

Just as the culture is becoming more flexible about the timing of life events, so it is becoming more tolerant of a wide variety of behaviors. It is quite possible today to enter marriage as a pregnant bride without social condemnation. It is also quite possible to end an unhappy marriage with relative ease and social approval. Not too

⁴ It is said frequently that young people should not marry before the age of 25 or so when, presumably, they have been able to "find their identity" and they can choose a marital partner suited to this identity. It might be said with equal cogency that people should not embark on education past high school or on a work career until they are at least 25, so that school and work are in harmony with their "adult identity." Supposedly, employment and education experiences particularly help youth find themselves; might not marriage and parenthood also make this kind of contribution, especially in times of increasing equality between the sexes and shared work roles?

long ago (30 years or so) young people were counseled that their lives could be permanently blighted by "one false step." Today's less puritanical culture allows many false steps and, fairly forgivingly, allows for many new beginnings. (See also discussion on changing attitudes toward illegitimacy.)

The more flexible and permissive contemporary cultural climate brings its own problems in the demands it makes on people to use their freedom wisely. On the other hand, this climate is less likely to lock people in with overly simplistic, self-fulfilling prophecies such as "early marriages end in divorce," "a premarital pregnancy is bound to have negative effects on marital happiness," and "early-marrying youth shortchange their chances for further education and a successful career."

As shown in the discussion of research related to illegitimacy among adolescents, the social and psychological characteristics of individuals, perhaps especially their educational ambitions, appear to be the major determining factors as to whether unwed pregnant girls finish high school. (Of course, high schools have to be willing to accept them.) Research reviewed in chapter 9 also showed that high school graduation and future employment of both males and females depended, to a large extent, on their individual characteristics (as well as the state of the job market).

Chilman (1963) found in her study of married and single undergraduates that none of the women who were wives of students (but not students themselves) had left school because of marriage. They left because they felt no need for further education, had low achievement drives, and were largely domestic in their interests. The married women who remained in school were unusually oriented toward educational achievement and married men who supported their goals (similar to findings of Furstenberg).

On balance, it seems that while both premarital pregnancy and early marriage (as well as illegitimacy) might temporarily cut short the educational careers of some young people, it does not necessarily prevent further education on the part of those who are highly motivated and academically achieving. The above statement is not likely to be true, however, unless educational opportunities are made available to young marrieds (including pregnant young women) and child care arrangements can be made by young parents. (See also ch. 9.)

Glick and Mills (1974), in their analysis of census data, provide evidence that the association between early marriage and leaving school early is more complex than is commonly believed. They find that people who drop out of either high school or college have higher rates of divorce than those who graduate from either of these

educational programs. They speculate, as Bernard did earlier, that the kinds of personal characteristics people have tend to increase their chances of "dropping out" of various kinds of human endeavors, including both school and marriage. (See also ch. 9 regarding characteristics of high school dropouts.)

In general, there is growing evidence that America's love affair with advanced education for all is turning somewhat sour. For instance, as pointed out in an earlier chapter, higher levels of education (including graduation from high school) do not necessarily guarantee better employment chances. Then, too, Campbell, Converse, and Rodgers (1976) present surprising findings concerning the effects of education on marital and overall life satisfactions. They found in their national survey that black females, on the average, were the most dissatisfied group in American society. Those who had graduated from high school were far less satisfied with their lives and their marriages than those who had less education and those who had had a college education. (Presumably, their aspirations had been stimulated by high school graduation, but their employment situation was not markedly improved by this fact.)

Although black women who had graduated from college were more satisfied with their lives than other black women (for males and females of both races, in general) higher education adversely affected marital satisfactions. This finding is different from earlier ones that usually showed a positive relationship between college graduation and high levels of marital satisfaction. Among other things, it seems likely that today's college graduates (especially women) have higher aspirations for individual fulfillment than other people do and are more likely to question traditional values about the central importance of marriage and family living. (See ch. 4 for details about differences in attitudes between college and blue-collar youth.)

Effects on Fertility

A few studies show that early-marrying young people are likely to have more children than those who marry late. However, this finding needs to be viewed with caution because, as shown in earlier chapters, there is a greater tendency for people from lower socioeconomic backgrounds to marry early, fail to use contraceptives consistently, or terminate a pregnancy with an abortion. Although early marriage may be associated with larger family size, the timing of the marriage is probably only one piece in a much larger life pattern that affects the number of children that people have.

Effects on Child Care

It is not known whether early-marrying couples are any different in their parenthood attitudes, feelings, and behaviors than couples who marry later. As we saw in chapter 9, Furstenberg's longitudinal study of adolescent mothers (both married and unmarried) showed that most of them were apparently loving, responsible, effective parents of little children, especially if they shared child care with another adult. In connection with his findings, it was suggested that the extended, cooperative black family kinship network probably gave many important supports to these young mothers and that white mothers might receive less help with child care from their relatives.

It seems likely that adolescent females and males have not yet reached a stage of development in which they are able to meet the many needs of children. It seems that this would be especially true, overall, for girls under ages 18 or 19 and for boys under ages 20 or 21. As discussed in chapter 3, adolescents under age 16 or so (about age 15 for girls, 17 for boys) are generally in the early stage of adolescent development and have not yet established psychological independence from their parents. They also are apt to be at immature levels of cognitive, ego, and moral development. According to some theorists, the whole personality is in a stage of disorganization during this period.

By age 16 or so, most young people are at a higher level of development and integration but need more time to assess their values, goals, and heterosexual relationships. Because child care requires the ability to be nurturant to another, to carry a heavy load of responsibility, to control one's impulses, to make wise judgments, and to be able to provide the child with a wealth of experiences and firm guidance,⁵ it seems unlikely that younger adolescents would, on the average, be as effective in their childrearing as older ones. It also seems likely that, on the average, a premarital pregnancy would particularly strain a youthful marriage.

On the other hand, "ages and stages" are far from the whole story in human development and the capacity for parenthood. People who have been "well-parented" themselves, whose motivations, values, interests, and experiences have particularly prepared them to care happily and effectively for children, may be excellent parents, regardless of their age, especially if various support systems are available to them in their own families and in the community.

⁵In sober truth, who can be and do all these things?

In general, as shown in the chapter on illegitimacy, the consequences of early marriages are easily confused with the causes that lead to this particular life event. Then, too, the nature of American society and its lifestyles have changed so much in recent years, particularly since the early 1960's, that assumptions about the causes and consequences of youth behaviors must be carefully reexamined. As young people often say, "It is a whole new ballgame." However, whether or not a new ballgame is fundamentally different from an old one in how it affects the basic feelings and values of human beings may be another question.

Effects on the Parent Generation

Although many young people may take a flexible and experimental approach to the "brave new world" of the present, their seeming ease in doing so may have positive and negative effects on their parents. No studies have looked at the consequences of early marriage and early childbearing on the parents of the young people involved. To what extent are parents called upon to give financial, child-care, and social-psychological supports to the young family? What effects may the provision of such supports have on relationships between the older and younger generations? What effects may the provision have on the lifestyles and plans of older couples?

IN SUMMARY

The factors most closely associated with early marriage appear to be (or to have been) the following: being premaritally pregnant; dating; going steady; "falling in love" at an early age; having premarital intercourse at an early age (for girls); coming from families of lower SES; having domestic interests, a traditional view of the female sex role, and a low achievement drive (in the case of girls); and coming from either an unusually happy or unusually unhappy family situation.

The consequences of early marriage are so intertwined with the causes that it is impossible to clearly identify them. Although early marriages are more likely to end in divorce or separation and to involve couples with relatively little education and earning ability, it cannot be said with confidence that these results would have been different if the people involved had entered their first marriage at a later age.

Chapter 11

Implications for Research

INTRODUCTION

The overall research goal with respect to adolescent sexuality, as this author sees it, is to develop better knowledge that can serve as a guide to young people, parents, program builders, and policy-makers in assisting adolescents, as males or females, to behave in ways that are satisfying to themselves and satisfactory to the larger society. These satisfactions are viewed in reference to probable future, as well as present, outcomes of the current behavior of young people.

Behaviors that are satisfactory to society and, in the long run, satisfying to young men and women are those that are most likely to promote their physical and mental health, educational-occupational advancement, economic well-being, and a "happy," secure family, or other interpersonal relationship.

Adolescent sexuality, especially as it is defined in this publication, is of central importance in terms of how it may help or hinder the young person in meeting the above-named goals. Specific sex behaviors, as discussed in chapters 5 through 10, are intertwined in both their causes and consequences, as we have seen, with the physical, social, psychological, and economic factors mentioned above.

Most of the research in the field of adolescent sexuality, as defined earlier, is focused on specific sex behaviors. The major question in this research is: Will the adolescent girl have or not have a baby? A lesser question is: Will she (or occasionally he) contract a venereal disease or other physical ailment through early premarital intercourse? This focus on early (especially illegitimate) childbearing derives from a centuries-old preoccupation with retaining the virginity of women until after marriage and preventing the birth of out-of-wedlock children.

This focus is much too narrow in an age of vastly changed social norms. It prevents a wider and more appropriate emphasis on the quality of life for young people and the families they may found some day and of society itself. The central research questions become:

1. What are the causes of the adolescent's sexual behaviors in terms of his/her physical, social, and psychological characteristics and past and present life situation?
2. What are the consequences of the adolescent's behavior as a masculine or feminine person in terms of his/her physical and mental health, educational-occupational achievement and goals, social and economic status, and human relationships (including the possibility of becoming a parent either married or unmarried)?

RESEARCH CONCERNING CAUSES OF ADOLESCENT SEXUAL BEHAVIORS

The Development of Adolescent Sexuality

A search for the causes of masculine or feminine adolescent behaviors cannot start, of course, with ages 12 or 13, or even 8 or 9. The causes must be sought from the moment of conception onward, and traced through at least ages 18 or 19. (See chs. 3 and 4.)

Most of the social and psychological research in human development has focused on particular life stages, such as early or middle childhood, preadolescence (rarely studied), and adolescence (almost as rarely studied). Aging and, more recently, the midstages of life have received considerable research attention (Lowenthal, Thurnber, and Chiriboga, 1975; Sheehy, 1976; Rubin, 1976; Levinson, 1977). However, none of these various pieces of research fits together to tell us much about human development in the first 20 years of life. (The exception to this statement is the small study by Kagan and Moss, discussed in ch. 5.)

We not only have very few studies of human development from conception to maturity, but we also have only a small study that centrally includes the topic of the development of sexuality from infancy to adulthood in a normal population (Kagan and Moss, 1962). Money and his associates have studied this development in a small group of children who were born with sexual anomalies, as sketched in chapter 3. Kinsey's monumental studies were done about 30 years ago, and only retrospective data were obtained about specific sex behaviors in childhood and adolescence (Kinsey, Pomeroy, and Martin, 1948; Kinsey, Pomeroy, Martin, and Gebhard, 1953).

Studies of child development have tended to focus on discrete topics, such as physical or mental growth. Research concerning adolescent behavior usually has investigated problem behaviors, such as delinquency or early school leaving, and, more recently,

adolescent pregnancy.¹ Aside from the large study by Douvan and Adelson (1966) and the small study of middle-class boys (Offer and Offer, 1970), there have been almost no studies of "normal" adolescents and their sexuality. The available research, moreover, tells us little about the childhood antecedents of adolescent sexual behavior.

Therefore, we very much need a multidisciplinary longitudinal study with a large sample that looks at the development of human sexuality over, at least, the first 30 years of life.² Especially because this kind of research would be expensive and complex, such a study might well include other major topics of interest, such as educational and occupational achievement, physical and mental health, and deviant behaviors. All of these topics relate to adolescent sexuality and data should, in any case, be gathered about these variables. Resultant findings could be analyzed by multivariate techniques with each of these topics considered as the dependent variable in different data analyses. The generally similar kinds of relationships of a number of social and psychological factors to such subjects as early school leaving, drug and alcohol use, youth unemployment, and adolescent sex behaviors have already been shown in an earlier chapter. (For an excellent review of much of the literature on a lifespan approach to the study of adolescent development, see Elder, 1975.)

Cross-sectional research often is recommended instead of longitudinal study because the latter is so expensive.³ A major drawback to this approach is that social norms have changed so radically

¹At a 1976 meeting of research consultants in the Office of the Secretary, U.S. Department of Health, Education, and Welfare, a number of cogent points were made concerning studies about adolescents. There was agreement that research about this age group is very limited and tends to focus only on specific problem groups. This is largely because Federal funding is primarily directed toward subjects that have been identified as presenting a "crisis," such as drug abuse, delinquency, suicide, illegitimacy, and so on. This approach limits the understanding of adolescence. It also is apt to be wasteful in that the etiology of a number of "problem" behaviors often has common roots. A lifespan research strategy was recommended so that better understanding could be obtained about the apparent causes and consequences of a whole range of developmental variables. As much attention should be paid to learning what factors appear to promote "healthy" development as to those that appear to promote problematic development (Heyneman and Daniels, 1976).

²A study through age 30 is recommended so that more can be learned about the later life consequences of earlier development and behaviors.

³It should not be assumed automatically that longitudinal research is more expensive than cross-section studies. Such researchers as Lologene Coombs, Frank Furstenburg, and Harriet Presser have found in their longitudinal studies of early family formation that they have been able to reach their

in the past 10 years that the life experience and values of today's 20-year-olds would probably be radically different from those of 10-year-olds and even from those of 14-year-olds. Thus, information gathered from one age cohort may not provide accurate predictive or retrospective information about another.

Retrospective research has a similar problem, especially if one asks 30-year-olds about their sexual development as children and adolescents. Findings obtained from such studies might have value in relation to 30-year-olds but might apply rather minimally to people 10 or 15 years younger in terms of both causes and consequences of their behaviors. Then, too, there is always the problem of the accuracy of retrospective recall.

Aside from the problem of the accuracy of recalled material, retrospective studies with today's adolescents concerning their childhood memories would provide information about the individual's perceptions of earlier years. Whether or not these perceptions are objectively accurate, they still have an important impact on the person's feelings and behaviors.

Information gathered from adolescents concerning their remembrance of sexual things past could be usefully incorporated into less extensive longitudinal research that studies adolescents in a multidisciplinary perspective, from preadolescence on through age 20 or so. Research of this kind could provide helpful information about the transition of the young person as a sexual being, from childhood through entrance into early adulthood.

Such research might well study young people in terms of their physical, social, and psychological development as males and females. Such behaviors as premarital petting and coitus, use or non-use of abortion, out-of-marriage parenthood, marriage, and divorce could be studied in the context of the person's total development.

As sketched in chapter 2, it would be important to have a large enough sample for such a study so that research participants could be compared in terms of sex, race, ethnicity, religion and religiosity, region of origin and present residence, specific age, and clearly delineated socioeconomic background status (including education and occupation of both father and mother).⁴

study population in a series of reinterviews. If good rapport is initially established with the respondents, they usually are willing to be interviewed again. Even though they have moved to other parts of the country, they can be reached by telephone. It may well be easier and less expensive, then, to follow one study sample over time, than to reach a very large initial sample that represents a cross-section of the population (Conference on Determinants of Adolescent Childbearing, 1977, forthcoming).

⁴See chapter 2 for a discussion of the methodological weaknesses in much of the research about adolescent sexuality. The discussion in that chapter

In-depth, clinical interviews with a carefully selected subsample of the larger sample probably would furnish important insights not generally revealed by more structured questioning methods. (See, for example, studies by Miller, 1975, and by Luker, 1975.) Clinical assessment of the participant's style of functioning also would be helpful, including the feelings about the self as a sexual person and feelings about the opposite sex. (See, for example, Bardwick's 1971 in-depth study of sexually active college women and the clinical study of adults by Keller, Sims, Henry, and Crawford, 1970.)

Besides the above-named variables, information about the following factors might be sought:

1. *Physical characteristics and conditions from prenatal stage* (i.e., the physical condition of the study participant's mother during pregnancy) through age 20 or older. (Specialists in physiology and medicine will want to add their points here.) In a study of the development of physical characteristics, it would be important to take into account a synchronization of development (Eichorn, 1975; Clausen, 1975).
2. *Social characteristics*
 - a. Social values, attitudes, norms, and goals of parents and other significant people in the person's life from infancy onward (including values and norms about sex roles and functions and sexual behavior).
 - b. Social groups to which parents and study participants have belonged; the nature of these groups and their perceived norms and values, including those related to sexuality.
 - c. Degree of person's participation in various kinds of groups and roles played in them (such as leader, follower, independent outsider).
 - d. Current friendships and group interests and activities; place person has in the group.
 - e. Current attitudes, values, and norms, including those related to sexuality, as expressed by parents and adolescent study participants.

implies the improvements that are needed in many aspects of research design. Particular attention is drawn here to the importance of identifying the specific age of the adolescent in all research about teenagers and of analyzing data in terms of such age spans as 10 to 12, 13 to 15, 16 to 18, 19 to 21. There are so many changes during the adolescent years that larger age spans are usually inadequate.

In this part of the study, investigators might well explore the use of standardized instruments and those instruments used in the research reviewed in this report, such as questionnaires developed by Rosen, Martindale, and Grisdelo (1976), to measure traditional sex role attitudes and those used by Jessor and Jessor (1975) to measure attitudes toward deviance.

- f. Close friends of study participant at different stages of development: characteristics of friends and of the relationship.
 - g. Nature of community (or communities) in which participant grew up.
 - h. Social behaviors, including sexual behaviors, such as early sex interests and sex play, masturbation, physical intimacies with same and opposite sex, contraceptive use and nonuse, abortion, out-of-wedlock parenthood, etc., nature of relationships with opposite sex, such as casual, steady, exclusive, or multiple partners, etc. (See, for example, Sorensen, 1973.)
3. *Psychological individual and behavioral characteristics* (see also family characteristics below)
- a. Apparent temperament and behavioral traits of person from infancy onward, including tendencies toward activity-passivity, independence-dependence, conformity-nonconformity, social approach-social withdrawal, frustration tolerance and intolerance, sexual interests and behaviors (including masturbation, voyeurism, exhibitionism, sexual curiosity, homosocial and heterosocial, homosexual and heterosexual).
 - b. Apparent dominant moods at various life stages, such as expressions of love and anger, depression and elation, anxiety and self-assurance, happiness and unhappiness.
 - c. Cognitive and intellectual development; use evidence from standardized tests to extent possible. Include school grades and standardized achievement test scores. Teacher observations also might be available. Assess attitudes toward school and achievement expectations.
 - d. Ego development—self-concept, capacity for reality assessment, ability to behave realistically, use of

- defenses (extent of use and kinds of defenses commonly employed); concept of "locus of control."
- e. Level of moral development. (See ch. 3.)
 - f. Major "coping styles" used by participant.
 - g. Major interests and skills at different stages of development.
4. *Family characteristics* (data to be obtained from both parents and study participants; if possible, include participant observation of the family)
- a. Size and structure of family, including marital history and number and sex of siblings, place of child in family. Include data on people closely attached to family (such as relatives and close friends).
 - b. Family planning values, attitudes, and behaviors of parents and other highly influential adults. Include the topics of contraceptive use, abortion, and sterilization.
 - c. Values, attitudes, goals, and behaviors of parents and other family "influentials" with reference to sex roles and functions and sexual behaviors.
 - d. Assessment of parent attitudes and behaviors with respect to these major dimensions of childrearing: affectionate-rejecting, authoritarian-democratic-laissez-faire, consistent-inconsistent, punitive-rewarding. (See works of Baumrind, 1975; Jessor and Jessor, 1975; Chilman, 1974; also contact Early Schaefer, School of Medicine, University of North Carolina, Chapel Hill, N.C., for recent work he has done in the measurement of parent attitudes—a notoriously difficult field.)
 - e. Quantity and quality of parent-child interactions, including communication and shared interests and activities. The same for sibling interactions.
 - f. The degree to which the family is a "support system" for its members.
 - g. Quality of relationship between parents, including components related to sexuality.
 - h. The view that both the parents and the study participant have regarding the competence of parents in their parenthood roles.
 - i. Evidence of identification with parents, attachment to parents.

5. *Economic and employment situation*

- a. Economic situation of family at different stages of study participant's development, the "real" situation, and perception of the situation by parents and participant.
- b. Importance of financial matters in the life of the family, "real" and perceived.
- c. Employment history of parents and participants; present educational-vocational goals of participant.

The above outline of subjects is merely suggestive. They are derived from a theory and knowledge base of two kinds: The general knowledge about processes of adolescent development and from the foregoing research review which provided numerous clues regarding variables to be included in further research.

In studies of the effects of family relationships, as well as in other investigations suggested here, it would be advisable to cast the research within a well-conceptualized theoretical framework. Some of the major theoretical approaches to the study of human development are sketched in chapter 3.

Premarital Heterosexual Behavior

Surveys

More needs to be known about premarital heterosexual behavior as a specific subject. It is useful to know about trends in these behaviors at different points in time. The replication of the important 1971 survey by Kantner and Zelnik (1972) has been completed and will be available early in 1977. This should provide helpful information for females through age 19. However, there is a critical need for a similar survey of the behavior of males. In actuality, centering such a study on adolescents only seems overly constricted in approach.

No adequate national study has been carried out regarding the sexual behaviors of noncollege youth, although some data regarding college youth are available through such sources as the 1971 and 1976 *Playboy*-sponsored surveys. The Yankelovich surveys covered youth attitudes about many subjects, including attitudes toward sex behaviors, roles, and functions. The most recent Yankelovich survey (done in 1973) might well be replicated; but it should include younger adolescents and older people as well as questions about behaviors, rather than just attitudes.

Because the sexual behaviors of adolescents are surely affected by the attitudes and behaviors of adults, especially their parents, a

national survey of attitudes and behaviors of people from about age 12 through age 60, in the area of sexuality among other topics, would be in order.

On reflection, it appears that far too much is being made of specific physical sexual behaviors alone, and of these behaviors only during the adolescent years. As mentioned earlier, most of the sex research is too narrow. This research grows out of a limited and sexist tradition. It has been far too specifically concerned with issues of virginity and legitimacy of children. It also is overly concerned with the sex behavior of adolescents as people have always been, at least since the age of Aristotle. In this sense, sex research that seeks to learn only about adolescents could be accused of "ageism."

Any survey that is carried out should have a broader conceptual base and a wider range of topics than is generally employed. The Yankelovich survey comes closer to this model than any other that has been reviewed. Surveys also should have an adequately large sample with appropriate attention to demographic characteristics and randomness. (See above and ch. 2.)

The following topics might well be covered, with respect to sexual attitudes and behaviors:

1. Sex roles and functions at different stages in the life cycle: issues in equality between the sexes with respect to parenthood and homemaking, education, employment, community participation and legal rights and responsibilities, sexual rights and responsibilities (including issues around contraception and abortion).
2. Sexual behaviors, with a differentiation of what is deemed acceptable for the self and what is deemed acceptable for others. Behaviors include homosexuality, masturbation, light and heavy petting, intercourse in a variety of contexts, such as premarital, marital, extramarital; committed and/or casual relationships; numbers of partners; and frequency.⁵
3. Satisfaction and dissatisfactions, as a masculine or feminine person, with gender, sex roles and functions, sexual rights and responsibilities.
4. Satisfaction and dissatisfactions with various sex behaviors and sexual relationships that have been experienced.

⁵It seems unnecessary to ask details about sex behaviors and attitudes with respect to such matters as positions and techniques used in intercourse, the use of sexual fantasies, and the like. These details appear to be primarily catering to pornographic interests.

5. Contraceptive use and nonuse; abortion use and nonuse (see following sections). In a survey, the questions used by Kantner and Zelnik seem appropriate. Further questions need to be added about abortion and sterilization use and nonuse.
6. Premarital and postmarital "affairs." Nature of relationships and satisfactions and dissatisfactions associated with them.
7. Marriage plans or marital history (marriage, separation, divorce, remarriage). Perceived positives and negatives of marriage and nonmarriage.
8. Family formation: present number of children and expected family size. Children born within or outside of marriage. Child spacing attitudes and behaviors. Positives and negatives of parenthood.
9. Work, education, community. (See, for example, areas explored by Yankelovich.)

Data obtained in a survey of this sort are best analyzed with multivariate techniques in order to learn what variables are most strongly associated with a number of the topics covered; for instance, topics of premarital sex relations, contraception, abortion, illegitimacy.

Intensive Studies

More needs to be known about the causes and consequences of different kinds of premarital sex behavior, including various stages of petting as well as intercourse. In searching for causes, it is important to include questions about age at puberty. Perhaps data should be analyzed in reference to developmental age as well as chronological age.

Available research provides some clues about social and psychological causes of premarital coitus. These should be followed up by further studies with appropriate attention to adequate research methodologies. Some of the intriguing findings to date about variables that seem to be associated with premarital coitus by ages 17 or 18 are:

1. Poor communication and conflict with parents.
2. Low educational-vocational aspirations and low educational achievement.
3. Rebellious and nontraditional attitudes, use of drugs and alcohol, participation in "deviant" behavior.
4. Perhaps, for girls, equalitarian sex role attitudes.

5. Passive-dependent attitudes of girls (evidence is conflicting).
6. High self-esteem of boys; low self-esteem of girls (evidence is conflicting).
7. Manipulative, exploitative attitudes of boys (evidence is conflicting).
8. Early dating, frequent dating, going steady at an early age.
9. Infrequent church attendance or nonattendance (this has been demonstrated so often it may not need inclusion in further research).
10. Association with a sexually permissive peer group and dependence on peer approval, perhaps especially for males.
11. A high valuation placed on sex.
12. Independence valued.
13. Desire for intimacy and affection (girls).
14. Coming from a broken or conflict-ridden home.
15. Parents who give little support and affection and who practice inconsistent discipline.
16. Parents with deviant attitudes.
17. Rural-urban migration.
18. A family background of low socioeconomic status, perhaps more so for blacks, and males.

Findings from studies of these kinds should be analyzed in reference to specific age.⁶ It also should be useful to look at findings for different groups of adolescents, including those with many sex partners and those with one or few.

Premarital petting is often overlooked in studies of adolescent sex behavior. However, if we are interested in the sexual development of young people, not just whether pregnancy might occur, then we should be interested in the levels of heterosexual intimacy they have reached. Some studies, such as those of Vener and Stewart, do take this into account very well.

It is frequently observed, on the basis of case records, that youngsters are more apt to become involved in early and promiscuous premarital sex if they grew up in seriously unhappy families, in families in which the parents have extramarital affairs or in which incest has occurred, or in families that are neglecting or abusive. These observations need to be checked through systematic research. Quite possibly, only in-depth interviews by trained clinicians could adequately assess situations of these kinds.

⁶In reference to age, it is important to recall that some studies suggest that very young sexually active adolescents may have special problems.

Sexual activity (at least in terms of "dating" and mild forms of physical intimacy) on the part of adolescents is one aspect of their gradual development toward maturity. These are indications from various studies (Sorensen, Jessor and Jessor) that some youngsters have only slight sex experience, primarily because they have yet to break close dependency ties to their parents. How true is this? There can be so much concern about the "loss of virginity" that one can forget to consider the developmental progress of adolescents who have little or no relationship with the opposite sex.

Other topics regarding the sexual development of adolescents come to mind, such as same-sex friendships, masturbation, homosexuality, the adolescent "crush," and "hero worship." All are appropriate topics in a study of premarital adolescent sex behavior.

STUDIES OF CONSEQUENCES OF ADOLESCENT SEXUAL BEHAVIOR

Premarital Sex Behavior

The social, psychological, and physical effects of premarital sex behavior of adolescents on their present and later life satisfactions and adjustments pose important research questions. These questions might well be considered in terms of the perspectives discussed throughout this report, as well as at the beginning of this chapter. There is a need to know whether and how premarital sexual activities of various kinds affect many aspects of adolescent functioning and development, including cognitive, social, personality, moral, and interpersonal development: How do these effects vary for male and female adolescents at different ages and stages—adolescents from varying kinds of socioeconomic, racial, and ethnic backgrounds? Almost nothing is known about these issues aside from a few in-depth studies with small samples of college youth (Bardwick, 1971; Hendin, 1975; Komarovsky, 1976).

It seems that recent radical changes in sexual norms and values create problems for many adolescents and their parents. What kinds of problems, if any, develop? What implications do these have for the viability of various kinds of individual lifestyles? What are the implications for needed knowledge and skills in the human service professions, for needed programs and policies?

In any study of consequences, careful attention is indicated regarding antecedent variables. All too often consequences are claimed that may well have occurred in any case. A study of consequences most appropriately gathers data about a host of possible antecedents, uses sophisticated means of data analysis, and is cautious in its

interpretation. As we have already seen in earlier chapters, especially those on illegitimacy and early marriage, consequences are all too often claimed without adequate justification. This point is developed in further detail below.

Contraceptive Use and Nonuse

Surveys

The large Kantner and Zelnik surveys of females have already provided much valuable information about the contraceptive behavior of adolescent females. As previously remarked, far too little is known about the contraceptive knowledge, behavior, and attitudes of males, especially black males.

Also, as remarked in the foregoing section, surveys about contraceptive behavior might well be conducted for all age groups, not for adolescents alone. There is a need to know more about the current behavior of all ages. (In this connection, note that the most recent data from the National Center for Health Statistics [December 1976] show that rates of illegitimacy have risen recently for women between the ages of 20 and 24.) Knowledge about the contraceptive behaviors of all age groups also would throw more light on adolescent contraceptive behaviors: How are these behaviors different from those of older groups and what are the factors that influence them?

It seems most appropriate to survey contraceptive behavior in the broad context suggested in the section on premarital sex behavior because the research reviewed here shows that many of the variables suggested above also affect this behavior (i.e., perception of sex roles, nature of heterosexual relationships and satisfactions with them, attitudes toward marriage and parenthood, sex behaviors and attitudes, and life goals in general).

Questions specific to contraceptive use, suggested by other small studies, include the actual and perceived availability of contraceptives when needed (see Luker, 1975), the perceived disadvantages of contraceptives (such as possible side effects, the costs of planning coitus, the perceived interference with sexual pleasures, moral objections), the satisfactions and dissatisfactions with various kinds of contraceptives, and knowledge about contraceptive risk.

Intensive Studies

The research reviewed in chapter 7 provides leads for further study with larger samples and, in general, better research methodologies. Various small (and often weak) studies have shown or implied

that the variables listed below appear to be associated with poor or ineffective contraceptive use. How reliable and valid are these findings for various kinds of adolescents?

Variables apparently associated with contraceptive use or nonuse:

1. *Self-perceptions and personality characteristics*
 - a. Self-esteem, self-acceptance, sense of self-worth.
 - b. Sense of personal effectiveness (internal vs. external controls).
 - c. Feelings about the self as a sexually active person: indications of guilt, shame, anxiety.
 - d. Feelings about the self as an independent, active, autonomous person.
 - e. Measures of ego strength and use of defense mechanisms (such as denial, projection, conversion, sublimation, and so forth).
 - f. Measures of anxiety and depression.
2. *Attitudes and values*
 - a. Attitudes toward sexual behavior and roles of both males and females.
 - b. Attitudes toward the future and personal chances for achieving goals: what goals (educational ambition seems important)?
 - c. Evidence of alienated, distrustful, risk-taking, and deviant attitudes.
 - d. Values and attitudes toward couple relationships.
 - e. Attitudes toward contraceptive use, including specific contraceptives and abortions.
 - f. Attitudes toward health service systems.
 - g. Attitudes toward marriage, parenthood, legitimacy, and illegitimacy.
 - h. Perceived attitudes of partner, parents, and peers toward premarital coitus and use of contraceptives.
3. *Indications of levels of cognitive and moral development*
(See work of both Piaget, 1969; and Kohlberg, 1963)
4. *Present life situation*
 - a. Current life situation with parents, siblings (and/or mate and/or children), communication levels, conflicts, dependence-independence, satisfactions-dissatisfactions.
 - b. Current dating situation including sex activity, sexual satisfactions and dissatisfactions, degree of

- communication with partner, perceptions of quality of relationship; other aspects of current social life.
- c. Specifics regarding contraceptive use and nonuse, degree of consistency and methods used, perceptions of contraceptive availability and quality of services used.

In this connection more detailed information is needed than that which is provided in most studies of contraceptive use. We need to know, for example, how many times in the past 3 months or so the respondents had inadequately protected intercourse and what the reasons were that intercourse occurred without adequate protection. We also need to know what difficulties have been experienced in connection with using contraceptives.

- d. School situation: grade level, perceptions of self as a student, attitudes toward school, educational-vocational goals, programs in school concerning sexuality and contraceptive use, evaluation of these programs and of other health and psychological services for students, participation in school activities, level of school attendance.
 - e. Interests and hobbies, degree of participation in out-of-school activities.
 - f. Employment: employment history, employment goals, job satisfactions and dissatisfactions, estimate of achieving goals.
5. *Knowledge about reproduction, contraceptives, and the nature of the male and female sexual response*
 6. *Availability of contraceptives and barriers to acquiring and using them at the times needed*

Illegitimacy

As remarked in chapter 9, it is basically pointless to carry out research concerning the causes of illegitimacy per se. The causes are unprotected premarital intercourse and electing to bear the child outside of marriage instead of having an abortion, marrying, or placing the child for adoption. Thus, research that looks at the causes of all these behaviors is best included in one study design. This research would be carried out most appropriately in a longitudinal study of at least the adolescent years. An adequate longitudinal study would reveal the sequential sexual and related behaviors, over a period of time, of a large group of male and female adolescents of many demographic characteristics. In such a study it would be

important to include questions about educational achievement and goals, sex role conceptions, quality of relationship with partner (or partners), relationship to own parents and siblings, attitudes toward illegitimacy and toward marriage, fertility values and the like. (See also major research findings and the research suggestions regarding premarital sex behavior, contraceptive use, and abortion.)

A summation of research findings reported in chapters 6 through 10 leads one to the tentative conclusion that adolescents who become unwed mothers are more likely than other adolescents to have a number of predisposing characteristics. These characteristics include:

1. Coming from low-income homes where the parents have little education and low occupational status.
2. Being highly fecund.
3. Having low educational goals for the self and a poor record of educational achievement.
4. Having little employment experience and little hope for the future as an employee.
5. Having low ego strength, poor self-concept, and traditional sex role attitudes.
6. Coming from a female-headed household.
7. Being fairly accepting of illegitimacy and being distrustful of marriage.
8. Having partners who have little education and are unemployed.
9. Being a rural-urban migrant and living in the city or on the fringes of a metropolitan area.
10. Lacking access to contraceptive and abortion services.
11. Being black and in a poverty family.

Of course, the above findings do not apply to *all* unwed mothers, and they may be inaccurate. Moreover, these more probable characteristics may change as contraception and abortion become more acceptable and available to adolescents of many kinds of backgrounds. However, at present, these seem to be characteristics more often associated with adolescent unmarried mothers than with other adolescents.

It is most unfortunate that these antecedent characteristics are frequently confused with the alleged consequences of adolescent out-of-wedlock childbearing. This confusion of causes and consequences often leads to oversimplistic statements about the alleged benefits of preventing illegitimate births to teenagers. It is frequently claimed that the prevention of such births would be of crucial importance to adolescent girls in "permitting" them to finish

high school, stay off the "welfare rolls," and achieve economic independence.

More careful research is needed, along the lines mentioned earlier, to make a more rigorous assessment of this cause and consequence claim for various kinds of adolescents. Also, it would be helpful to extend the longitudinal research mentioned earlier in order to assess the later life consequences for study participants who make the alternate choices related to premarital coitus (or only marital or no coitus): Contraceptive use or nonuse, acceptance or rejection of abortion, childbearing within or outside of marriage, and adoption or nonadoption. Nothing is known about these subjects; it would be important to try to find some answers. Such an assessment should include measures of outcomes in the areas of physical and mental health, educational-occupational achievements, economic status, family formation, and overall life satisfactions and dissatisfactions.

The consequences for the children of adolescent mothers who choose the marriage, nonmarriage, and adoption routes also are not known. Furstenberg's small study provides the only evidence to date. It seems extremely important to conduct careful research on this subject and to include a comparative group of children of older mothers.

It also would be important to study the consequences for parents and siblings of early childbearing, both within and outside of marriage. What effects do these adolescent behaviors have on the total network of family relationships, on family resources, and on the behaviors of other family members? To what extent do the older parents have to change their lifestyles to provide help to adolescent parents and their children? To what extent are grandmothers (or grandfathers) forced to give up their jobs to provide child care? What effects might early childbearing of one family member have on the behavior patterns of brothers and sisters?

Abortion

Trends in Abortion Use

Very little is known about the reasons adolescents have for choosing abortion, as opposed to other ways of handling a pregnancy, and the effects abortion has on them. Social and psychological causes and effects of abortion may have changed since its legislation in 1973 when Federal funds became available for it in that year. At the present writing (late 1976), it is not clear what the future legal and financial status of abortion programs will be. It

would be helpful to launch studies in the very near future that attempt to assess the uses and effects of abortion before 1973 in States where it was either legal or illegal (and expensive or inexpensive) and after it became legal nationally in 1973. If the legal or funding status of abortion changes, it also would be important to find out what the effects of these changes are (beyond the effects on incidence of abortion use).

Characteristics of Women Who Choose Abortion

As discussed in chapter 8, a few studies are available that attempt to assess the characteristics more often found among pregnant abortion users compared to pregnant women who resolve their pregnancies in other ways. The more recent studies such as those of Steinhoff provide interesting leads for further research with particular reference to comparisons between adolescents of different ages (such as 12 to 14, 15 to 17, 18 to 20) and older groups. Also, there appears to be no information about the characteristics of the male partners of pregnant women who choose abortion rather than marriage or out-of-marriage childbearing. Characteristics to be studied for both sexes, aside from the usual demographic ones, include values, attitudes, and goals of the respondents as well as feelings of self-worth, anxiety, depression, personal effectiveness, independence, and so on.

Effects of Abortion

It appears that very few studies are available concerning the effects of abortion on adolescents. This seems to be an extremely important subject to study. We need to know much more about these effects from the physical, social, and psychological points of view. We need to know about these effects on the young woman, her male partner, and her family of origin. Here again, one can make a plea for longitudinal research with a large group of young people so that the antecedents and consequences of a number of kinds of behaviors can be studied. For example, in studying the effects of abortion it is essential to study pregnancy outcomes for comparable groups of young women (and, if possible, their partners) who choose to bear their children either within or outside of marriage.

All too often the effects of abortion are studied only when the patient is in the recovery room or, at the most, a few days later. We need to know the effects at various time intervals up to at least 5 years and to compare these effects with those for groups who resolve their pregnancies in other ways. Studies should include questions about antecedent and subsequent use of contraceptives, further

pregnancies, and ways in which these pregnancies were handled. If there are repeat abortions, why did these occur and what were their consequences? Studies along these lines also should investigate antecedent and impact variables associated with early and late abortions. It is important to know more about this matter because abortion after the first trimester becomes a more difficult surgical procedure.

Available research suggests that possible adverse psychological effects of abortion are minimized if the young woman receives emotional and financial support from her parents, friends, and partner. How true are these observations? Available studies also suggest that young women who have had prior serious adjustment problems are more likely to be upset by the abortion experience than other young women. How true is this? Is it possible to develop predictors of these reactions so that special help might be given to vulnerable people before, during, and after the abortion?

Early Marriage

Early marriage (that is, marriage when the male is less than age 21 and the female is less than age 19) is a less popular research topic than it was in the 1950's when there was concern about the rising rates of teenage marriage in the late 1940's. Even though the marriage rate of young people has fallen since that time, the subject still merits the attention of researchers.

The causes of early marriage are not as simple as they might seem. As demonstrated in the last chapter, about one-half of young marrieds are premaritally pregnant. However, this fact alone is not necessarily *the* reason for their decision to marry. It would be useful to know more about the social and psychological characteristics of young men and women who are young marrieds compared with those who marry later or fail to marry, including those who choose "cohabitation" rather than marriage. How do these characteristics differ for the premaritally pregnant from those who are not pregnant? What part do family attitudes, peer group pressures, and educational-vocational opportunities and goals affect these decisions?

The consequences of early marriage have never been studied adequately, except for a few local studies often with college students. It is generally claimed that early marriages are more fragile than other ones. As in the case of claims made about the adverse consequences of illegitimacy, the consequences of youthful marriages are often confused with antecedent variables. An adequate study of the consequences of adolescent marriages has to take into account the circumstances of the marriage (including premarital pregnancy and nonpregnancy). The outcomes of these different kinds

of marriages need to be compared with outcomes of otherwise comparable groups who do not marry or marry when they are older. Outcome measures should include information about family formation behaviors, the physical and mental health of young people and any children they might have, educational-occupational careers, the financial situations of the various groups, the perceived life satisfactions of the study participants, and the consequences for parents and other family members.

Program Evaluation

There are a host of programs that seek to help adolescents with respect to their sexual development and behaviors. It is likely that more programs will develop as a result of growing public concern about such issues as relatively high rates of illegitimacy and the greater prevalence of premarital intercourse among teenagers.

Programs concerned with adolescent sexuality include sex education and counseling for young people and parents, contraceptive and abortion services, treatment centers for venereal diseases, special services for unwed parents and their children, and public assistance programs. These various programs use a wide variety of service models. Very little is known about the relative effectiveness of many of these models or of the programs themselves.

There is a need for better evaluation of these programs and of the various models they use. Evaluation needs to be directed, of course, to outcome objectives. The objectives of such programs as sex education and counseling and services to unwed parents are frequently not clearly defined. This is an unfortunate oversight which calls for better explication of specific goals.

The objective of contraceptive and abortion services is generally stated as the prevention of unwanted births. Important as this objective is, it appears to be overly narrow. Prevention of unwanted births often is claimed to have a number of benefits for adolescents, such as promoting educational achievement, self-support through employment, avoidance of welfare dependency, more stable marriages at a later date, smaller family size, and so on. Are these objectives actually reached? And what of the objectives stated at the beginning of this chapter that include improvement of physical and mental health and the enhancement of life satisfactions? Measurement of whether programs obtain objectives of these kinds calls for long-range research and the use of sophisticated research design, which includes a careful description of program methods, comparisons of various program strategies, and the comparative costs and benefits of these programs.

A number of program and policy recommendations are made in the next chapter. Some of them may well be in operation in various localities. They are likely to provide "natural experiments" that might be carefully described and evaluated as possible models to be used elsewhere if program evaluation suggests their probable effectiveness. It seems unnecessary to evaluate the effectiveness of every operating program. Rather it should be more economical and useful to evaluate samples of a variety of programs.

A special word is in order about sex education, which is being widely endorsed these days as an essential part of the school curriculum. As noted in chapter 7, at least 12 studies show that sex education has had no measurable impact on the prevention of premarital intercourse, promotion of contraceptive use, or reduction in the incidence of illegitimacy. Before such programs are advocated for widespread adoption, they should be launched as pilot projects, clearly described, carefully monitored, and tested for their effectiveness.

Some programs (such as family planning services) are evaluated by asking their users what they like and don't like about them. (See, for example, the report of the Urban and Rural Systems Associates, cited in ch. 7.) Although such a study may provide useful clues, it fails to tackle the more important issues of why some adolescents do not use the program at all or, having obtained contraceptives from the service, discontinue contraceptive use or use contraceptives only sporadically. Moreover, the statements people make concerning their likes and dislikes about a program constitute an expression of opinion that may not be reflected in their actual behaviors in using or not using the program.

Chapter 12

Some Implications for Programs and Policies

"Pure" social scientists would probably say that not enough is known from research to make any recommendations about programs and policies concerning adolescent sexuality. Although this may be fairly true in the absolute sense, it seems to this writer that enough is now known to make some suggestions, although a few of them are offered tentatively and in the vein of recommendations for experimental programs that require formal evaluation to test their effectiveness.

GENERAL POLICY SUGGESTIONS

Social and Economic Considerations

The research has strongly suggested the adverse effects of poverty, racism, youth unemployment, poor family relationships, and inadequate human services on the "healthy" development of adolescents as young women and men. Because most of the research about adolescent sexuality is tied to specific topics of sex behavior, the probable full effects of these factors are only partially revealed. We have seen, however, that early premarital intercourse, poor use of contraceptives, inadequate use of needed abortions, illegitimacy, and teenage marriage are all more likely to occur when these adverse socioeconomic, community, and familial factors are present. We also have seen that the supposedly adverse consequences of both out-of-marriage births and early marriage are intertwined with more fundamental problems in the society—problems that initially deprived many adolescents of the full development of their potential during childhood and that continue to undermine their life chances.

Improved family, community, school, employment, and human services environments for children and youth have been advocated many times. Such advocacy is a familiar prescription for the prevention of a host of social ailments: delinquency and crime, drug and alcohol abuse, poor physical and mental health, family breakdown, illegitimacy, and child neglect and abuse. It is clear that these

problems are not completely caused by environmental deficits, but individualized treatment approaches are apt to have relatively little effect without concomitant changes in the environment in which people live. We also have seen that both specific environmental and individual characteristics are not the whole story of current shifts in social behavior, including the rise in teenage childbearing outside of marriage. Society is in the throes of cultural upheaval as a result of basic socioeconomic trends. These trends are causing many dislocations in the lives of individuals, their beliefs and values, and their adaptation to an urban, technological society.

We have seen that unemployment and underemployment of youth tend to produce a low self-esteem, alienation, and fatalism. Such attitudes appear to be linked to early premarital intercourse and contraceptive risk-taking. Furthermore, research shows that unwed motherhood and dissolution of young marriages are associated with the poor employment prospects of young men. Then, too, the earnings of employed young men (especially minority group youth from poverty or otherwise troubled backgrounds) are generally so low that young women who have children tend to be better off financially through welfare benefits if they do not marry their mates.

Welfare Reform and Family Support Systems

This situation calls for not only improved employment opportunities for youth (both male and female) but reform of welfare policies. As discussed in chapter 9, the major public assistance program, Aid to Families with Dependent Children, operates in such a way in many States as to make families ineligible for benefits if the mother is married to the natural father of the children and the father is present in the home. A full discussion of needed welfare reforms is far beyond the scope of this publication. However, it seems clear that federally aided income support programs are needed to aid families in which the natural father is in the home, whether or not the couple is married. Also, these programs should provide supplemental assistance for wages that are not adequate to meet the budgeted needs of the family, including the costs of child care, if both parents are either employed or going to school.

Although research shows that a two-parent family is not essential to the healthy development of the child, it does suggest that a two-parent family, involving the natural parents of the child, tends to provide the best family environment for the youngster if the parents are in a happy, stable relationship. This implies that the larger society would be well advised to provide a variety of support systems

to young families to help them achieve and maintain stability. These support systems include high quality, affordable medical care (including contraception and abortion services, as needed); continuing education and vocational training; availability of jobs; adequate housing; income maintenance; child care availability; and family counseling and educational service.

Recommendations for support systems to young families are not limited to two-parent families. As several studies indicate, unwed mothers who marry are often in a far worse situation than those who do not. At least one small study shows that mothers tend to have more children, are less likely to continue their education, and end up in a worse financial situation than if they had not married. These findings may (or may not) particularly apply to low-income black women. The research findings to date are far too fragmentary to make any definite statement about these matters. They do suggest, however, that marriage is not necessarily a "solution" to the difficulties that young unwed mothers and their children may face. The decision of many young mothers not to marry may indeed be a wise one. Such young women and their children may often constitute highly vulnerable families. These one-parent families also may require a variety of support systems of many kinds. Because a number of small investigations indicate that the extended family may provide important assistance to the young single-parent families, there is a need to take into account the "extended kinship network," including the contribution this network may make to child care.

On the general subject of child care, Ross and Sawhill (1975) make an interesting recommendation when they write that public subsidies of child care might well be extended beyond the formal child-care center. Because their data analysis and other studies indicate that the great majority of parents favor leaving their children with relatives or neighbors rather than placing them in day-care centers, and, because the annual costs of quality day-care centers appear to be about \$3,000 a year per child, it seems wise to go further than present programs generally do in providing income assistance, as needed, to parents who have their children cared for by persons other than day-care center personnel. (This, too, is a large topic that is too complex for adequate discussion here.)

Inclusion of Males

Returning to the subject of young parents, it appears that human service and income support programs for "unwed mothers" far too often overlook fathers as young people who may also need a variety of services. Age-old cultural norms tend to cast the young

man as the "villain in the piece." There is a tendency to see him as irresponsible at best and an exploitative, promiscuous Don Juan (or pimp) at worst. Unwed mothers may find comfort in picturing themselves as helpless victims of seductive, noncaring males. All too often the male is seen only in terms of the financial support that he might provide. Yet, the few available studies that include young fathers (almost all of these studies have black, low-income fathers as their subjects) show that a large number of these fathers would like to marry their partners. Even if marriage does not occur, they tend to give what financial, social, and psychological support they can to the young mothers and children.

Most researchers and human service (including family planning) personnel have found it difficult to reach and work with young fathers. Their elusiveness is probably a result of the way in which society has tended to treat males from early childhood onward. As others have commented, there is a need for male, as well as female, liberation. The apparent toughness, self-sufficiency, aggressiveness, egocentrism, and relative lack of interpersonal skills and responsibilities of many males is very largely a result of their socialization and the way they have been treated in their families, schools, community programs, and the work place. It is well known that males, compared to females, have higher rates of school retardation, emotional problems, deviant behavior, and suicide. As shown in chapter 3, the prenatal sexual development of males is far more vulnerable than that of females. These difficulties tend to be exacerbated in the boy's developmental experiences within the family because the mother is usually the major person in the boy's life. Even if the father is present in the home, his own socialization plus his preoccupation with "making it" in the outer world tend to prevent a close father-son relationship. The young boy's struggles to develop a clear male identification and escape from female controls are further hampered by the fact that most of his teachers from preschool through at least the eighth grade are females.

The women who tend to be the dominant figures in the young male's life often have ambivalent responses to his sexuality, probably being both attracted to it and fearful of it. Their complex reactions, also affected by their other experiences in male-female relationships, are likely to make them unable to accept the boy as a sexual person.

These are probable reasons, among others, that boys, more than girls, tend to "take to the streets" and join groups of other boys, groups in which the rituals of "tough masculinity" are acted out in numerous ways, including proving one's proficiencies as a virile male who can "score" with females without becoming trapped by them and without being exposed to possible rejection by them.

This sketchy discussion may seem rather far afield from suggestions for programs and policies related to adolescent sexuality. However, the implications should be clear that boys and young men need to be treated with far more enlightened and sensitive understanding than is generally the case. As many others have pointed out, there is a serious need for more men teachers and recreation leaders to work with young children. The present trend toward advocacy of part-time jobs for both fathers and mothers so that parents can share equally in child care is also welcome, as is the push for changing social norms that allow men to be more fully human, rather than supermen. These changing patterns appear to be essential in a technological society, which puts a premium on technical, interpersonal, communication, and rational planning skills rather than on those requiring physical strength, aggressiveness, and autonomy.

Improvement in School Programs

It is striking that educational achievement and clear educational-vocational goals seem to be so important in reducing the tendencies of young teenagers to participate in premarital coitus. A number of studies point to this factor for girls and at least one study does for boys. The education factor also seems to promote the consistent use of effective contraceptives among sexually active teenagers, to positively affect the choice of abortion to terminate an adolescent pregnancy, and to reduce the likelihood of teenage marriages.

Numerous research studies indicate that educational achievement is closely related to the socioeconomic status (SES) of the parents of students. Educational achievement also is affected by the physical and emotional well-being of the child; this well-being, in turn, is deeply affected by the child's early experiences within the family. Moreover, the employment outcomes of educational achievement are dependent upon a host of interacting factors, such as ready entree into jobs through the influence of the young person's family and close associates, the conditions of the labor market, the youth's psychological and physical characteristics, and his/her level of education.

Racism, with its frequent adverse effects on the SES of parents, family life, the overall development of young people, and their educational-vocational opportunities, creates a network of difficulties for many black adolescents. As shown in chapter 9, black youngsters are more likely to be retarded in school, beginning in the early grades (especially true for males); and this retardation, as might be expected, becomes more severe in high school. Then, too, the

unemployment rates of black youth are at least twice as high as they are for young whites, partly because educational deficits so negatively affect the lives of young people.

Programs that seek to give very young children a "head start" in their education would seem to deserve stronger public support than these programs now receive. The same might be said for special programs in the public schools, particularly in the early grades. The tendency to mount intensive and expensive intervention projects for high school students who are in trouble, rather than concentrate these projects on younger children, is a case of "far too little, far too late." This comment applies to school programs for pregnant teenage girls, as well as to other programs. (See also the following section.)

Considerable disillusionment swept the educational world when a large national study in the late 1960's showed that no measurable positive cognitive effects could be demonstrated, on the average, for children who had attended Headstart programs compared with those who hadn't. This study has been severely criticized for its many deficiencies. Aside from the defects in the study, the lack of demonstrable effects, on the average, of early preschool intervention for children from poverty and often from minority group backgrounds is probably the result of overly great expectations for an overly small program. Neither a preschool program nor a family planning program can wipe out the effects of poverty, discrimination, poor job opportunities, or ghetto living. This is not to suggest that special school or health (including family planning) programs are useless. On the contrary, they are crucial pieces in a jigsaw puzzle of the many kinds of services that are needed—which brings us back to the importance of jobs, income, equal rights, and other human service support systems for families and single people.

SPECIFIC PROGRAM AND POLICY SUGGESTIONS

Family Life and Sex Education Programs

Sex education is a usual prescription for the prevention of early pregnancies, illegitimacy, and teenage marriage. This is a far too limited approach. As the research shows, there is little relationship between sex knowledge and these behaviors. It shows further that sex education programs have had no measurable impact on preventing these behaviors. The healthy development of one's sexuality involves the total development of the individual as a masculine or feminine person, not simply a person who has specific sex knowledge. As shown in the research, sexual behaviors are linked to such

factors as levels of self-esteem, ego strength, a sense of personal competence, anxiety reactions, interpersonal attitudes and skills, family relationships, personal and familial values and expectations, stage of development, attitudes toward society, membership in social reference groups, life situation, the quality of relationships with members of the same and opposite sex, and the availability of birth control services.

These findings suggest that greater efforts are needed to help youngsters, long before they reach puberty, with many forms of assistance to support their physical, social, and psychological (including educational) well-being. One aspect of these services should be more realistic help to children and teenagers in handling their own sexuality, including their maturing reproductive capacities.

This is yet another large topic which can only be touched on here. Sex education might be reconceptualized as guidance for living as a male or female in a rapidly changing society. This guidance includes a climate in which people of both sexes are treated with equal sensitivity and respect. This sensitivity and respect includes affording a wealth of opportunities for people of all ages to share ideas, feelings, interests, and activities without prescriptions as to how males and females ought to behave because of their gender and without segregation of the sexes for separate activities. This kind of treatment should make it more possible for people to relate to each other as human beings with whom they can share, rather than as sex objects to whom they relate in stereotyped and only partial ways.

Specific sexual and bodily functions and interests have to be accepted as natural but subject to limitations that are necessary to social living. Just as there is a need to socialize children in a host of ways for their own well-being and that of others, so there is a need to teach them limits to their own sexual expression.

All too often sex behaviors have been treated as being fundamentally different from other human behaviors. In an effort to free people from the resulting "hangups," some proponents of the "sexual revolution" have seen any kind of limitation on sexual behaviors as an unwarranted restraint on human freedoms. Typically, revolutions push to extremes in order to bring about change. Resultant changes are often moderated, over time, by the majority who find that extremes fall considerably short of the promised Utopia.

As indicated elsewhere, the writer believes that a society needs some agreed upon limitations to any kind of human behavior, including sexual behavior. The issue of which freedoms and limits is unresolved at present. Guidance for living as a sexual person would seem to require considerable reflection and clarification at this point in our history, as it has in other times of social change.

In working with children, adolescents, and parents, it would seem wise for the leader to share with them the values that are held for the self and help group members clarify their own values and goals and how these values and goals relate to their total life experiences, not only the sexual aspects.

Easy and open communication about sexual matters as a normal aspect of life should make special "sex education" courses unnecessary. Ideally, information about sexuality would occur in the normal course of family living, as the topic naturally (and inevitably) arises. It would also, ideally, be given as it naturally arises in many parts of the school curriculum.

Clearly, we are a long, long way from this ideal. Therefore, particular attention seems to be necessary to providing special programs in schools and elsewhere that offer guidance for living as a sexual person, a broader concept than "sex education" as it is generally perceived. The goal of such programs, starting at least by the time youngsters are 10 years old, would be to promote self-understanding as a sexual person (in the broad meaning of "sexual"), ease in relations as male or female to other persons of both sexes, ease in communication about sexual subjects, acceptance of one's sexuality as natural but in need of restraints, understanding the principles of reproduction and contraception, and an awareness of the responsibilities of parenthood. Some of these concepts are further elaborated in the following discussion of contraceptives.

Contraceptive Services

It is clear that readily available, free, or low-cost contraceptive and abortion services are required to serve the large number of sexually active teenagers who do not intend to have a child.¹ Because there is an increase in numbers of sexually active young adolescents (less than age 16), services need to include this age group. In fact, an active effort to reach these youngsters is indicated because they are particularly unlikely to use effective contraceptives, and they (and any children they might bear) are a high-risk group in terms of possible physical complications.

Although there is a Federal tendency to reduce public funds available for contraceptive and abortion services particularly for adolescents and to promote the inclusion of these programs through

¹For an excellent review of the need for contraceptive and abortion services on the part of teenagers, see Jaffe and Dryfoos (1976) and the Alan Guttmacher Institute, *11 Million Teenagers*, a 1976 publication of the Planned Parenthood Federation of America.

other medical services assisted by Medicaid or by health insurance carried by the parents of adolescents, this seems to be an ill-advised move at the present time (Urban and Rural Systems Associates, 1976).

A recent study by Urban and Rural Systems Associates (URSA) sought information from staff people in public and private agencies that provide family planning services to teenagers in eight regions of the country. This study group also obtained data, through questionnaires and interviews, from over 400 adolescent girls who were attending these clinics (admittedly a biased sample). This study showed that it would be extremely difficult for many adolescents to obtain payments for contraceptive services either through Medicaid or health insurance because, in most cases, this would mean that the youngsters would be forced to inform their parents about the kind of medical help they needed. The great majority of teenagers who were questioned felt they could not talk to their parents about this matter.

It has been suggested that adolescents pay what they can for these services out of their own allowances or earnings. This is an appealing idea, although the staff time and recordkeeping that such a procedure might entail could cost more than the income obtained.

Private physicians are being urged to incorporate the subject of adolescent sexuality and contraception within their service to adolescents. Although this is an excellent idea and such a service should be useful to some teenagers, it does not solve the problem of financing the service without the involvement of parents.

It is to be hoped that, in time, more parents will become accustomed to the changing sex norms for young people in our society and will be able to comfortably and honestly discuss the possible needs of their sons and daughters for help with contraception and, in some cases, abortion. (This issue is discussed later in greater detail.) Even if this change occurs in time, there will still be the need for subsidized birth control services for those people who cannot afford them otherwise.

A number of helpful suggestions for better administration of birth control services for adolescents have been derived from the study carried out by URSA. Some of the major suggestions are listed in chapter 7. The authors of the URSA study emphasize the need for publicity to let young people know about the service. They also cite the importance of well-organized programs, outreach work, a thorough medical examination, and so forth. Administrators of birth control services for teenagers (adolescent girls who were questioned say they don't like the term family planning) will find a report of this study extremely useful.

Emphasis will be placed here on the recognition by URSA investigators of the importance of the social and psychological aspects of such a service. They point out the anxiety that many teenagers feel about seeking help with birth control. They confirm the results of research reviewed earlier in this report when they comment about the difficulties many young women have in accepting their sexual behavior and in dealing with anxieties about their bodies and about relationships with their partners, as well as with their parents.

Teenagers particularly like the informal "rap sessions" that many special adolescent clinics have and are much preferred by the study respondents to formal educational lectures. These sessions, when skillfully led, allow young women to share their fears and anxieties with other sexually active adolescents and with the group leader. Some adolescents need individual counseling besides the group sessions for help with special problems. All need staff procedures that are sensitive to their desires for privacy and anonymity.

The investigators further comment that retrenchment of funds for birth control (or family planning) programs often results in a sharp reduction in, or elimination of, educational and counseling services. This seems unwise in light of the research evidence we have concerning the particular difficulties teenagers encounter, within themselves, in seeking birth control help and in maintaining contraceptive practice after it has been initiated. Careful evaluation of the educational-counseling component of birth control services is indicated in order to assess how effective this component is. Evaluations also are needed for program suggestions which follow.

The URSA team comments that education and counseling, as well as medical services of a birth control program, can be made far less expensive than is often the case. The paramedical staff, if suitably trained, can carry out many of the functions often reserved for the physician. Individual and group counseling can be performed, in many cases, by "family planning specialists" who have had specialized inservice training and are not necessarily psychologists or social workers. (However, supervisory personnel and consultants drawn from these professions may well be indicated.) The report also urges a more effective use of volunteers to carry out many functions often reserved for paid staff members.

The URSA study remarks on the poor treatment generally accorded to males in most birth control clinics. These clinics tend to be almost completely oriented toward serving females, although it has been found that many young women would welcome the inclusion of their partners at least in "rap sessions." Some have expressed interest in also including their partners in the physical examination. Would it not be a good idea to provide a physical examination for

the males, especially perhaps in reference to venereal disease, and give them instruction in techniques of withdrawal and use of the condom?

Besides the suggestions made in the publications cited above, others are presented here that flow from knowledge and theory about adolescent development (see ch. 3) and from the overview of research discussed primarily in chapter 7.

Because so few adolescents use effective contraceptives consistently and the great majority participate in coitus for at least a year before seeking formal assistance with contraceptives, a number of strategies, besides those discussed above, seem indicated. Continuing effort appears to be necessary to make contraceptive education, counseling, and supplies available to adolescents where they are, such as in schools and recreation centers. This recommendation particularly applies to providing instruction in coitus interruptus, condoms, foams, and jellies. It is recognized that a more specialized service is needed for female prescription methods. Condoms, foams, and jellies should be available to adolescents at the time of need, as in public restrooms, gas stations, and the like. Although these methods are not as effective as the orals or the intrauterine device, much of the research shows that many young people fail to use the latter methods, especially if they are young and not in a long-term, steady relationship.

Public anxiety about the possibility of encouraging adolescent coitus through making contraceptives available has to be countered through educational efforts that help citizens realize that adolescent premarital intercourse is on the rise in many parts of the world. This rise is probably a result of the growing complexity, mobility, urbanization, and industrialization of society, as well as younger ages at puberty, rather than availability of contraceptives per se. In all probability many, if not most, adolescents will become sexually active by ages 15 or 16—many by age 12 or so. It may be impossible to halt this trend. Because studies show that nearly all of the teenagers are sexually active for a year or so before they seek formal contraceptives, the availability of contraception could hardly be cited as the cause for premarital intercourse among young people. In view of these facts, it seems tremendously important to make contraceptives and abortion available to teenagers in an appropriately sensitive and humane way rather than have them run the risk of early, unwanted pregnancies.

It is especially important to reach parents with messages of this kind with the hope that secrecy, distance, and conflicts between the generations can thereby be reduced. Young people need support, understanding, and guidance from their parents in all aspects

of their lives as they assay the difficult task of moving from childhood to adult maturity in a complex, often frightening and hostile world.

Problems regarding the acceptance and consistent use of effective contraceptives by young people as well as adults is partly a matter of the failure of the culture (its values, understandings, norms, and goals) to adapt with sufficient rapidity to the enormous changes that have shaken American and other societies. A new, more adaptive culture is struggling to be born. Cultural leaders, such as policy-makers and program builders, need to help in its birth and development. Some in the field of birth control services for adolescents are already doing this, most notably the Planned Parenthood Federation of America and its research arm, the Alan Guttmacher Institute.

Because birth control services for adolescents have been established quite recently as a matter of public policy (about 1968), it will take time for many young people, as well as adults, to become accustomed to the concept of birth prevention and use the services readily. This is apt to be especially true for people from those socioeconomic, racial, and ethnic groups that have traditionally held high fertility values and have been suspicious of the mainstream culture.

It should be helpful, therefore, to employ both males and females of various backgrounds to perform outreach as well as other staff functions in a family planning (or birth control) service for adolescents. Such personnel would ideally include members of the major racial, ethnic, and religious groups of the area. A personnel mix of this kind far from guarantees that staff people will understand and empathize with the values, norms, goals, and beliefs of the young people with whom they work. For instance, an ambitious, well-educated black professional from a middle-class family may well have little sympathy for, or understanding of, a sexually active teenager from the inner city. This suggests staff development training and a use of a variety of lecture, discussion, audiovisual, and group participation techniques to enhance staff knowledge, skills, and insights. Such training would include attempts to promote deeper understanding about the sexual and contraceptive needs, behaviors, and values of adolescents and parents of varying cultural backgrounds.

This training also would be useful to help staff members develop further knowledge and skills in methods of individual and group counseling, as indicated above. Such counseling also might be carried out profitably with parents. It should be helpful to work with both adolescents and parents as *whole persons* with their own particular life histories, stages of development, personality structures,

life situations, and goals. All too often the focus of counseling programs in family planning clinics is solely on the use of contraceptives. Important as this may be, it seems overly narrow and likely to have limited effectiveness.

Groups can be profitably used in education and counseling, partly because of the importance of a peer support system and the development of a peer "contraceptive culture." This is especially true for adolescents but is also true for parents in times of rapid change. Group members who have used contraceptives successfully and parents who have been able to handle this issue wisely with their sons and daughters can be helpful role models and advisors to other group members.

The anxiety of parents tends to be high concerning the sexual behavior of their teenagers. Many feel that the larger society will hold them responsible for whatever their youngsters do. This is less true than it once was. Although parents play an important part in the developmental outcomes of their sons and daughters, society takes a very large hand in childrearing today from the moment children are born. By the time they reach adolescence, young people have been exposed to a veritable flood of societal influences. Thus, the larger society cannot hold parents solely accountable for the behavior of their teenagers. Parents can be helped to realize that they are still responsible for their youngsters but not *totally* responsible; that both contemporary conditions as well as the youngster's developmental stage call for loving, parental support and clear guidance but not parental overprotection and attempts to control or assume responsibility for all of the young person's behavior.

Both individual and group counseling may help teenagers and parents gain better communication skills. Ideally, males and females from both age groups would be included. The group process itself may develop communication skills. Beyond specific role-playing experiences, techniques can be used to help people learn how to talk about their personal feelings, sexual relationships, and use of contraceptives.

We noted earlier that the contraceptive technology can depersonalize and dehumanize partner relationships. Skilled, sensitive, humane individual and group education and counseling, based on an appreciative awareness of human strengths as well as weaknesses, should help people learn more about how to build intimate interpersonal relationships and feel more able to do so.

In any such contraceptive counseling, it would be appropriate to raise the question as to whether the young couple, or either partner, really wishes to continue intercourse. In the zeal to see that sexually active adolescents have contraceptive protection, there can

be a danger in assuming that, once launched on a sexually active career, they will continue to have coitus. Young people need help in examining how sexually active they really want to be. Their level of sexual activity may be partly a result of peer group or partner pressure. Then, too, a few studies show that some adolescent girls say that they have intercourse mainly because their boyfriends expect it. Such girls might be encouraged to consider carefully why they feel it necessary to go along with these expectations. Adolescents of both sexes may need assistance in communicating openly with each other with respect to what they really want out of their relationship, including the sexual aspects.

Because less than 50 percent of adolescents of high school age appear to be engaging in coitus and many of these young people say that they feel they are not yet ready for or oppose premarital intercourse on moral grounds, their attitudes and values need recognition and acceptance, just as do the attitudes and values of other adolescents.

Along these lines, it seems important to assess the knowledge, attitudes, and behaviors of family planning personnel (medical, social work, paraprofessional, and clerical) toward adolescents (both male and female) of differing socioeconomic, racial, and ethnic backgrounds. This assessment should particularly include areas related to the young person's sexual and contraceptive behavior. Many staff people in these settings are not comfortable about their own sexuality, not to mention that of the people with whom they work. They are unable to discuss the topic easily, with real insights about, and acceptance of, the sexuality of adolescents and differing attitudes and values of various groups of teenagers. Staff personnel should be able to give young people a chance to discuss their attitudes and values about sex, their sexual and contraceptive experiences, problems with anxiety about sex or lack of sexual satisfaction, physical pain (often owing to the female's failure to lubricate adequately), fears and anxieties about many forms of sex behavior, including contraceptive use.

Sexually active boys and girls have to understand many aspects of contraception, including techniques for using condoms, withdrawal, diaphragms, pills, rhythm, and foam.² Intellectual understanding is far from enough. They need a chance to share their feelings about these techniques, gain reassurance, and acquire communication and behavior skills regarding using contraceptives in a sexual

²In this connection recall that Kantner and Zelnik's study showed that almost half of the adolescent females in their sample said they relied on their partners to take the initiative for contraceptive protection.

relationship. (How do you say, "Are you using a contraceptive? What kind? Do you need time to apply it?")

Both boys and girls often need to acquire knowledge and skills for understanding their own sexual response potential, that of the other person, and how they may best meet each other's sexual, as well as other, needs in a sharing, communicative relationship. Boys may well need help in these areas more than girls. Numerous studies show that boys tend to receive less sex education at home and school than girls. Their quick, specific genital response may make it difficult for them to pace themselves adequately for the (usually) slower girl. Their "need" to prove themselves as virile males may make them both overly aggressive and overly anxious.

In order to effectively help adolescents (and older) patients with these matters, staff people are very likely to be in need of in-service training regarding all aspects of human sexuality for people of different ages and different psychosocial characteristics.

It is not essential that all staff people be able to deal intensively with the many aspects of human sexuality. Certain staff members (often the social workers and sex educators) have particular knowledge and skills about this. Other personnel can use these staff resources more frequently than they often do and refer patients for both individual and group counseling.

The family planning service offers a unique opportunity to help people in the very sensitive and often troublesome area of human sexuality. The application of adolescents for contraceptive help usually indicates they are sexually active; this, in itself, offers the opportunity for expert assistance that is rarely available in our society.

One might wonder how to reach the parents of adolescents in a family planning clinic. An easy place to start would be with the women patients already served by a clinic. It would be highly appropriate to discuss the developing sexuality of the children of these women, including that of young children. Of course, such a discussion might well start with the woman's own values, understanding, and feelings about her own sexuality.

Ideally, a family planning service might be a multiservice agency dealing with a whole range of human needs, including those of overall health care, educational-vocational concerns, employment problems, financial need, and so forth. The connection between these factors and contraceptive use has been shown earlier in chapter 7. However, such a service is often impractical in communities where a network of specialized programs already exists. It would be useful, then, for family planning personnel to have in-depth information about these services plus the skills to help people get the

services they need: a role often appropriate for staff social workers. Among other possible beneficial outcomes, programs of this sort would make the family planning center seem more relevant and humanely concerned with the total well-being of people, both male and female, especially those who are most in need of contraceptive and many other forms of help.

The foregoing is written as if contraceptive services were offered only through family planning clinics. Of course, this is not the case. Many of the remarks apply as well to other kinds of medical settings. Many of them also apply to other human services, such as those offered through the schools and social agencies. It seems important that these organizations deal, in an enlightened way, with the sexual and contraceptive needs of young people with whom they work and refer them as indicated to the more specialized family planning services.

Frequent mention has been made above concerning the importance of including males as well as females in birth control programs for adolescents. The usual focus on females as being *the* person responsible for contraception is a flagrant example of sexism. This focus is frequently excused by such statements as "It is the female who gets pregnant," or "Male methods of contraception are less effective; besides, males don't like them." (What female ever said that she *liked* her methods?) It also is said, "You can't trust a male to use a contraceptive." This very attitude is apt to become a self-fulfilling prophecy.

All of the above attitudes would seem to undermine the male's sense of responsibility as a copartner in reproduction control. When his sense of partnership in this endeavor is undermined, his sense of significance and competence as a male also may suffer. With the female in sole charge of reproductive outcomes, he can be further threatened in his sense of power and masculinity—and many socioeconomic trends already present him with a multitude of these threats.

Although the medical-biological aspects of contraceptives are beyond the purview of this report, a continuing effort is indicated to find better contraceptive methods for both males and females. It is well recognized that all the present methods have their liabilities. While the improvement of contraceptives would be helpful, especially for adolescents whose patterns of sex behavior are apt to be different from those of older people (infrequent coitus, unplanned intercourse, sex relations in secret, and so on), such improvement would be unlikely to "solve" the birth control problems of teenagers. As we have seen in chapter 7, there are still likely to be

difficulties, such as anxiety about one's own sexuality, egocentric thinking, risk-taking attitudes, and the like.

Abortion Services

Legalized abortion, nationwide, has been available in this country only since 1973. With its legalization, Federal funds became available to help reduce costs, thus making it a service that low-income as well as higher income people could use. As of this writing, late 1976, the future of legal and federally aided abortion is threatened, as shown in chapter 8.

It would be a backward step in enlightened public policy to make abortion illegal again and deprive it of Federal subsidy. As frequently pointed out, such a move would drive many women back to dangerous, illegal abortion procedures and would make a legal abortion especially out of the reach of poor people.

Abortion is a complex topic, indeed. As this writer confessed in chapter 1, she is personally convinced that motherhood can be a basic source of fulfillment for most women; in fact, most men are deeply enriched by fatherhood. The enrichment that children can bring to parents is virtually impossible to describe to people who have not had this experience. This enrichment can deepen throughout the lifespan of parents, with growing children offering intensive satisfactions (as well as enormous costs) to parents at every stage of their development. Many parents have had the experience that an originally unwanted pregnancy brought different reactions after the child was born. Because each child has his/her own individual genetic package, each child is unique. The pregnancy that is aborted cannot be repeated through another pregnancy that comes to full term and results in the birth of a child, nor can one be assured that a pregnancy will occur when it is wished. These are some of the reasons that abortion seems to be an extremely serious matter—not simply a technical procedure that “regulates the menstrual cycle.”

On the other hand, a child who is born to parents who clearly do not want him or her or who clearly cannot function adequately as parents is likely to be a child who has a miserable life. People who are not able to function as caring, competent parents may have their own lives seriously damaged by being forced to become mothers and fathers.

Obviously, there is no easy solution to an unwanted pregnancy. There are no clear-cut rules that can be applied to the problem. On balance, it seems best to make abortion available as one of the paths a pregnant woman and her mate might take in handling the pregnancy. This approach implies that family planning or similar services

adopt and implement a policy that provides a number of options, equally presented, for pregnancy resolution: carrying the child to full term and keeping the child with or without marriage, placing the child for adoption, or having an abortion.

Abortion counseling personnel often say that the woman has already made up her mind to this procedure when she applies for an abortion. Perhaps she has and perhaps she is fully accepting of her decision. But she is apt to have made this decision under extreme pressure. Probably shocked by the knowledge that she is pregnant and realizing that she has very little time to make up her mind about the abortion, she may well be overreacting with intense anxiety to her situation. Skilled counseling at this time may be extremely valuable—counseling that helps her explore her feelings, values, options, and resources (Wilson, 1973).

A number of small studies show that abortions are less distressing to the young woman if she has the psychological and financial support of both her parents and her partner. Case studies, rarely reported in the literature, also show that the young woman often mistakenly feels that her parents would not be able to accept her situation and that her partner would be unwilling to help her. She is frequently mistaken about her assumptions. Though parents may be shocked and upset by their daughter's pregnancy, they usually (or at least very frequently) adapt to the situation. Many offer to help their daughter keep the baby, if that is what she wishes (much more common today, now that illegitimacy is more socially acceptable). The young man in the case may care more deeply about his partner than she had supposed and may be at least partly pleased about the prospect of parenthood. He may wish to marry her. (See earlier comments regarding the unfortunate tendency to view putative fathers as irresponsible and uncaring.) Whatever decision the young woman, her parents, and her partner make together, the sharing they have had in the situation probably would have beneficial effects in most instances. A secret abortion, without this prior sharing, would seem to create a psychological burden for a young woman and a barrier to her future relationships with those people in her life who are significant to her.

Whatever path the young woman may take, it seems likely that continuing, coordinated, supportive services should be available to her and other people closely involved. There is a tendency for human service systems (medical, social, psychological, educational) to overlook the possibility of continuing difficulties for the young woman and her partner after the abortion occurs or after the child is born, whether the child be placed for adoption or not.

There is some recognition in the scanty literature about abortion that medical personnel are often lax in their failure to see that the young woman is adequately supplied with contraceptives following the abortion. Although this is a legitimate concern, there may well be a need for many more followup services. In actuality there are no studies about the consequences for couples and the children they may have following abortion, adoption, keeping the child, and marrying or not marrying. Furstenberg's 5-year follow-up study of adolescent pregnant girls comes the closest to providing the kinds of understandings that are needed. However, none of the participants in his research chose adoption or abortion as a way of resolving the pregnancy. Then, too, his sample was small and was largely made up of low-income black women and, to the extent possible, their partners. (See also ch. 11.)

Programs for Pregnant High School Girls

There have been over 600 federally assisted projects throughout the country for pregnant teenage girls. These programs have offered a complex of medical, social, educational, and child-care services to these young women so that they could finish high school.³ A major rationale of these projects has been that such programs would increase the educational achievement of the young mothers, promote improved health for them and their infants, reduce the likelihood of further pregnancies because of contraceptive education and services provided, promote employment of the young women following high school graduation, and give their young children a better start in life because of the high-quality child care and parent education offered through some of the projects.

On the average, the projects have failed to significantly reach their admirable goals. Only slight gains have been found for the young women in these programs, compared with the health, education, employment, and further childbearing outcomes of other comparable young women. Project gains have been in the area of helping somewhat more young mothers finish high school than was true for a similar group of pregnant teenagers not in the program. In a similar vein, the project mothers had second pregnancies at almost the same rate as was true for young women in the control group. These projects also have improved the health of the infant only in the first delivery and they failed to significantly improve maternal

³National Alliance Concerned with School Age Parents, 7315 Wisconsin Avenue, N.W., Washington, D.C. 20014.

health (Jekel, 1975). It is likely that the chief reason the projects have been relative failures is that they constitute an intervention that is too frail and too late. Most of the young women whom these projects seek to serve have probably encountered a number of deprivations throughout their lives—deprivations stemming from poverty, racism, poor health and educational services, community disorganization, and family conflicts. These deprivations have adversely affected their physical, social, and psychological development. Moreover, many of these adolescent girls see little hope for their future lives in terms of further education and adequate employment. Attempting to finish school, preventing the birth of another child, trying to find a well-paying job strike many as fruitless endeavors. Many of them are right when they perceive that the "opportunity structure" has little place for them.

Then, too, these projects generally have failed to reach the partners and families of the girls. Although the route to educational-occupational achievement for many upwardly mobile young women is to break their ties with nonachieving families and male partners and to have few or no children, the psychic costs of this achievement are often costs they cannot or will not pay. Because female human service professionals have often paid this cost themselves, they find it difficult to accept those young women who can't or won't pay. Moreover, the drive to see that every young person finishes high school and prepares for well-paid employment overlooks the fact that some young people lack the abilities to achieve at these levels. But this is a topic that goes far beyond the limits of this publication.

The special programs for pregnant high school girls have accomplished an important purpose, although the hoped-for outcomes of specific projects have been limited. These programs established the public policy that young women shall not be excluded from public schools because of their pregnancy. This is a significant accomplishment, indeed, although much more has to be done in thoroughly implementing this policy.

Ideally, many of the services offered by the special projects for pregnant girls should be incorporated into school programs for all young people, boys and girls alike. All children and adolescents ought to have access to high-quality medical care (including contraceptive education and counseling by the fifth grade or so), counseling services, special help with educational problems as needed, vocational training, and family life and sex education. These services are best coordinated with those already available in the community to avoid duplication of efforts, to involve the families of the young

people, and to help youngsters learn to become a part of the community rather than seeing themselves as only citizens of a school society.

Services to Young Parents

Some suggestions for the needs of young parents, either married or single, are sketched earlier in this chapter and will not be detailed further here except to comment that young families constitute a very important group for preventive intervention strategies. Because the first few years of life are so important in the total development of a person, intensive assistance to young parents and their children is strongly indicated. This can be a major strategy in promoting the well-being of the next generation and preventing a repetition of some of the problems shown to be frequently associated with becoming an adolescent parent.

CONCLUSION

A number of policy and program suggestions have been made here concerning how society might better promote the well-being of adolescents as young women and men. These suggestions range from general ones, having to do with more basic social and economic issues, to the specific, having to do with sex education, birth control programs, and services to young parents. Just as in the case of the analysis of research findings and recommendations for needed studies, it should be clear that human sexuality—adolescent sexuality—is interwoven with all aspects of life and cannot adequately be understood and treated as a separate topic. However, because sex behavior has its specialized aspects, it requires specialized, as well as general, consideration. Both levels of consideration demand particularly thoughtful attention and understanding because, for so long, the subject has been surrounded with outworn assumptions, secrecy, fantasy, guilt, and repression.

As society attempts to deal with the subject of sexuality in a more rational, objective fashion, more in keeping with changed life conditions, there is a tendency to reduce it to its purely physical and technical aspects. However, as the related social and psychological research shows, the physical and technical aspects of human sexuality are important but not all-important. Much more attention should be paid to the total, complex human equation of sexuality as it affects all of us, especially the young people who so urgently and poignantly deserve our enlightened consideration.

Annotated Bibliography

Introduction

The following annotated bibliography provides a brief review of the more important books and articles cited in the text. This supplements the short descriptions of major studies listed in chapter 2. Some of the references have been marked with one, two, or three asterisks. These markings have been used as a rough guide to the reader to references deemed to be most important to the subject of psychological and social aspects of adolescent sexuality in the mid-1970's.

The bibliography is divided into the following sections: Abortion, Cohabitation, Contraception, Early Childbearing, Early Marriage, Illegitimacy, Premarital Pregnancy, and Premarital Sex Behavior and Attitudes.

Criteria for the indications of the importance of the study include a variety of considerations, such as adequacy of research methodology, immediate relevance to the topic, possible nationwide applications, and salience of the knowledge or theory presented to a better understanding of the subject. Readers may not agree with the judgments made by the writer regarding the ratings made. These ratings should be viewed only as a general guide that may be useful to some people; they do not constitute a rigorous comparative evaluation of the methodological quality of the research considered apart from other criteria mentioned above.

Abortion

Abortion: Research

Athanasίου, R., Oppel, W., Michelson, L., Unger, T., and Yager, M. "Psychiatric Sequelae to Term Birth and Induced Early and Late Abortion: A Longitudinal Study." *Family Planning Perspectives* 5:227-231, 1973.

Poor original sample; a large sample loss; use of psychological tests; interesting but results inconclusive.

Bardis, Panos. "Abortion and Public Opinion: A Research Note." *Journal of Marriage and Family* 34 (Feb):111, 1972.

Abortion items used to construct a Likert-type scale. This scale is cross-tabulated with age, education, religion, and sex. Approval for abortion is associated with being non-Catholic, male, better educated, young and male, and old and female.

Barglow, Peter, and Weinstein, Susan. "Therapeutic Abortion During Adolescence: Psychiatric Observations." *Journal of Youth and Adolescence* 2 (4, Dec):331-342, 1973.

Small clinical study of a poor sample of adolescent girls undergoing an abortion.

Bauman, Karl, et al. "Legal Abortions and Trends in Age-Specific Marriage Rates." Paper presented at the Annual Meeting of the Population Association of America, Montreal, Canada, Apr. 1976.

Based on an analysis of abortion and illegitimacy data from 38 States. The authors conclude that the availability of legal abortion is associated with decline in marriage rates among women under 30 years of age. These relationships do not appear to be influenced by the increased use of family planning services.

Blumberg, Bruce, and Golbus, Mitchell. "Psychological Sequelae of Elective Abortion." *Western Journal of Medicine* 123 (3, Sept):188-193, 1975.

An international literature review that classifies the studies of reactions to abortion into impressionistic, psychoanalytical, and data analysis categories. Most of the studies in the three categories suggest that a severe psychiatric reaction after abortion is rare.

Bracken, Michael, and Suigar, Mary. "Factors Associated with Delay in Seeking Induced Abortions." *American Journal of Obstetrics and Gynecology* 113 (3, June 1):301-309, 1972.

Study of abortion seekers in one clinic, age 19 or older. Overall occupational status among blacks didn't significantly affect the timing of abortion-seeking. However, among white women this was found to be significant (P .05).

Bracken, Michael, et al. "The Decision to Abort and Psychological Sequelae." *Journal of Nervous and Mental Disease* 158 (2, Feb):154-162, 1974.

Study of effect of psychological support on reactions to abortion; a better study, methodologically, than many in this field.

Burger, Gloria. *The Reactions of Adolescents to Birth Control and Abortion*. Crittenden Comprehensive Care Center, Chicago, Ill., 1974.

Small study; poor sample; questionnaire assessed attitudes of urban, low-income black girls toward abortion and contraceptives.

Coblener, Godfrey, Schulman, Harold, and Romney, Seymour. "The Termination of Adolescent Out-of-Wedlock Pregnancies and the Prospects for Their Primary Prevention." *American Journal of Obstetrics and Gynecology* 115 (3, Feb):432-444, 1973.

A small interview study of single adolescent abortion patients. Lack of a control group is one of the methodological problems.

David, Henry. "Psychological Studies in Abortion." In *Psychological Perspectives on Population*, edited by James Fawcett. New York: Basic Books Inc., 1973. Pp. 241-273.

Cross-national review of abortion research.

- *Evans, Jerome, Selstad, Georgiana, and Welcher, Wayne. "Teenagers: Fertility Control Behavior and Attitudes Before and After Abortion, Childbearing or Negative Pregnancy Test." *Family Planning Perspectives* 8 (4, July/Aug):192-200, 1976.

A followup comparison study of 333 pregnant single adolescents, some of whom had an abortion, some of whom had child without marriage, some of whom had child and married.

- Fingerer, Marsha. "Psychological Sequelae of Abortion: Anxiety and Depression." *Journal of Community Psychology* 1 (2, Apr):221-225, 1973.

An interesting small study comparing hypothesized to actual anxiety and depressive effects of having an abortion.

- Furstenberg, Frank F., Jr. "Attitudes Toward Abortion Among Young Blacks." *Studies in Family Planning* 3 (4):66-69, 1972.

Report of a portion of Furstenberg's larger study. (See ch. 2.)

- *Gabrielson, Ira, Goldsmith, S., Potts, L., Matthews, N., and Gabrielson, M. "Adolescent Attitudes Towards Abortion: Effects on Contraceptive Practice." *American Journal of Public Health* 61 (4, Apr):730-738, 1971.

Study of abortion attitudes of a small group of females in the San Francisco Bay Area. Three subgroups were sampled: the contraceptors, the aborters, and the pregnant groups.

- Kane, Francis J., and Lachenbruch, Peter A. "Adolescent Pregnancy: A Study of Aborters and Non-Aborters." *American Journal of Orthopsychiatry* 43 (5):796-803, 1973.

Small study, atypical sample, largely clinical assessment of differences between an abortion-seeking group of adolescents and maternity home patients.

- *Kantner, John. "American Attitudes on Population Policy: Recent Trends." *Studies in Family Planning* 30 (May):1-7, 1968.

Analysis of attitudes toward abortion, based on National Opinion Research Center data.

- Kramer, Marcia. "Legal Abortion Among New York City Residents: An Analysis According to Socio-Economic and Demographic Characteristics." *Family Planning Perspectives* 7 (3, May/June):128-137, 1975.

Observation of abortion rates extended from Sept. 1, 1970, to Aug. 1, 1971. "Areal data for 296 intracity localities serve as the basis for an analysis of variations in the incidence of legal abortion among residents of this city."

- McCormick, E. P. *Attitudes Towards Abortion*. Lexington, Mass.: Lexington Books, 1975.

Report of a 1971 study of attitudes toward abortion of patients in three clinics in the Baltimore-Washington area.

- Maxwell, Joseph. "College Students' Attitudes Toward Abortion." *Family Coordinator* 19 (3, July):247-252, 1970.

Measured attitudes toward abortion of 323 undergraduate male and female college students.

Oppel, Wallace, et al. "Contraceptive Antecedents to Early and Late Therapeutic Abortions." *American Journal of Public Health* 62 (6, June):824-827, 1972.

A study of early and late aborters, comparing the two groups in terms of contraceptive use.

Osofsky, Joy, and Osofsky, Howard. "The Psychological Reaction of Patients to Legalized Abortion." *American Journal of Orthopsychiatry* 42 (1, Jan): 48-60, 1972.

An earlier draft of Osofsky, Osofsky, and Rajan.

*Osofsky, Joy, Osofsky, Howard, and Rajan, Renga. "Psychological Effects of Abortion: With Emphasis Upon Immediate Reactions and Followup." In *The Abortion Experience*, edited by Joy and Howard Osofsky. Hagerstown, Md.:Harper & Row Publishers, 1973. Pp. 188-205.

Reviews the international literature of psychological after-effects of abortion and specific program results of the Syracuse State University Hospital and Temple University Health Center. Analysis of variables by age is not provided. Ages ranged from 11-44.

Pakter, Jean, Nelson, Frieda, and Suigar, Martin. "Legal Abortion: A Half-Decade of Experience." *Family Planning Perspectives* 7 (6, Nov/Dec):248-255, 1975.

Report on use of abortion in New York City: 1970 to 1975.

Perez-Reyes, Maria G., and Falk, Ruth. "Follow-Up After Therapeutic Abortion in Early Adolescence." *Archives of General Psychiatry* 28:120-126, 1973.

Followup of a small sample of adolescents, age 16 and less, who had an abortion; Minnesota Multiphasic Personality Inventory and structured interviews given before and after abortion.

Pett, Mark. "Religion and the Abortion Patient: A Study of Anxiety as a Function of Religious Belief and Participation and the Decision-Making Process." *Dissertation Abstracts* 36-A (June):8121-A, 1975.

Reactions to abortion of a small group of patients. Age group not specified in available abstract.

Polgar, Steven, and Fried, Ellen. "The Bad Old Days: Clandestine Abortions Among the Poor in New York City Before Liberalization of the Abortion Law." *Family Planning Perspectives* 8 (3, May/June):125-127, 1976.

A 1967 study of the abortion behaviors of a sample of married and single women in New York City. Data not present for adolescents as a separate age group.

Redman, Linda, and Lieberman, E. James. "Abortion, Contraception and Child Mental Health." *Family Planning Perspectives* 5 (2, Spring):71-72, 1973.

A descriptive study of a small sample of abortion patients, less than age 15.

Roghmann, Klaus. "The Impact of the New York State Abortion Law on Black and White Fertility in Upstate New York." *International Journal of Epidemiology* 4 (1):45-49, 1975.

This study examines some demographic effects of the liberalized abortion law in Rochester, N.Y., from 1966 to 1973.

Russo, Nancy, and Brackbill, Yvonne. "Population and Youth." In *Psychological Perspectives on Population*, edited by James Fawcett. New York: Basic Books Inc., 1973. Pp. 393-427.

This article is an impressive literature review of a large range of subjects related to youth and population, including attitudes toward abortion and contraceptives.

Ryser, Paul, Laufe, Leonard, and Berg, Rachel. "Racial Differences in Abortion-Seeking." *Contraception* 12 (2, Aug):199-210, 1975.

A retrospective analysis of a random sample of abortion patients' files at the Western Pennsylvania Hospital. Descriptive data presented re: patient characteristics.

*Steinhoff, Patricia. "Background Characteristics of Abortion Patients." In *The Abortion Experience*, edited by Howard and Joy Osofsky. Hagerstown, Md.: Harper & Row Publishers, 1973. Pp. 206-231.

A competent review of related studies plus analyses of 1970-71 demographic data concerning abortion users in California, Hawaii, Kansas, New York, and Maryland.

Steinhoff, Patricia, et al. "Pregnancy Planning in Hawaii." *Family Planning Perspectives* 7 (3, May/June):138-142, 1975.

Analysis of data on maternity and induced abortion patients from all Hawaiian hospitals that perform abortions.

*Steinhoff, Patricia. "Premarital Pregnancy and the First Birth." Paper prepared for Conference on the Birth of the First Child and Family Formation, Pacific Grove, Calif., March 1976. Report on part of a larger study: "Hawaii Pregnancy, Birth Control, and Abortion Study," University of Hawaii.

Interviews with a subset of a sample of abortion and maternity patients. Analysis of psychosocial factors associated with the decision to choose an abortion with differences found for various adolescent age groups.

Tietze, Christopher. "Contraceptive Practice in the Context of a Nonrestrictive Abortion Law: Age-Specific Pregnancy Rates in New York City, 1971-1973." *Family Planning Perspectives* 7 (5, Sept/Oct):197-202, 1975.

Reports on legal abortions by age groups in New York City between July 1970 and July 1973 and the effect these abortions had on birth rates.

Vincent, Clark, Haney, Allen, and Cochrane, Carl. "Abortion Attitudes of Poverty Level Blacks." *Seminars in Psychiatry* 2 (3, Aug):309-317, 1970.

A report on abortion attitudes by race and socioeconomic status of respondents in the large North Carolina study. (See ch. 2.)

Walter, George. "Psychologic and Emotional Consequences of Elective Abortion: A Review." *Obstetrics and Gynecology* 36 (3, Sept):482-491, 1970.

General review of international literature on abortion, including its psychological effects.

White, Robert. "Induced Abortions: A Survey of Their Psychiatric Implications, Complications and Indications." *Texas Reports on Biology and Medicine* 24 (4, Winter):531-538, 1966.

An international review of the research literature on abortion, ranging from 1947 to 1966.

World Health Organization (WHO). *Pregnancy and Abortion in Adolescence*. WHO Technical Report Series, No. 583, 1975.

A general summary of a WHO meeting. Only surface treatment is given to each topic. No data provided. Interesting from viewpoint of policy directions.

Zelnik, Melvin, and Kantner, John. "Attitudes of American Teenagers Towards Abortion." *Family Planning Perspectives* 7 (2, Mar/Apr):89-91, 1975.

Trends in attitudes toward abortion analyzed on basis of data from the 1970 and 1971 National Fertility Surveys.

Abortion: Clinical Studies

Maxtone-Graham, Katrina. *Pregnant by Mistake: The Stories of Seventeen Women*. New York: Liveright Publishing Corporation, 1973.

All 17 are case stories of pre-1973 legal abortions.

Kaltreider, Nancy. "Emotional Patterns Related to Delay in Decision to Seek Legal Abortion: A Pilot Study." *California Medicine*, 118 (May):23-27, 1973.

A small clinical study of women seeking early or late abortions.

Schaffer, Carole, and Pine, Fred. "Pregnancy, Abortion, and the Developmental Tasks of Adolescence." *The Journal of the American Academy of Child Psychiatry* 11:511-536, 1972.

The authors interviewed 24 low-income white and black adolescent hospital abortion patients preceding the abortion and 14 of the 24 following the abortion. Impressions of abortion reactions are presented.

Abortion: Surveys

*Arney, W., and Trescher, W. "Trends in Attitudes Towards Abortion, 1972-1975." *Family Planning Perspectives* 8 (3, May/June):117-124, 1976.

Data are drawn primarily from National Opinion Research Center surveys, 1972-75, and the National Fertility Study in 1975, which had similar samples. References are made to recent Gallup and *New York Times* polls. According to the authors, there appears to be a growing consensus among Americans that abortion is a "right of the woman and should be left entirely up to the woman and her doctor."

Blake, Judith. "Abortion and Public Opinion: The 1960-1970 Decade." *Science* 176 (Feb 12):540-549, 1971.

Review of attitudes toward abortion.

*Center for Disease Control (CDC). *Abortion Surveillance: Annual Summary 1973*. U.S. Department of Health, Education, and Welfare, Public Health Service. Washington, D.C., 1975.

In 1973, 615,831 legal abortions were reported to CDC from 50 states, the District of Columbia, and New York City. The national abortion ratio (number of abortions per 1,000 live births) increased from 180.1 in 1972 to 195.1 in 1973. Of the abortions reported in 1973, 25.2% were performed in States outside the woman's State of residence, compared with 43.8% in 1972. In 1973 approximately one-third of reported legal abortions were performed on women less than 20 years old.

Daily, Edwin, et al. "Repeat Abortions in New York City: 1970-1972." *Family Planning Perspectives* 5 (2, Spring):89-93, 1973.

Analyzes the data concerning the number of repeat abortions by residents of New York City during the period of July 1, 1970, to June 30, 1972.

Hedderston, John, et al. "Determinants of Abortion Attitudes in the U.S. in 1972." *Cornell Journal of Social Relations* 9 (2):261-276, 1972.

Examines abortion attitude differentials in the 1972 National Opinion Research Center data set.

Moore, Emily. "Abortion: Ambivalence and Ambiguity." *Dissertation Abstracts* 35-A (July):585-A, 1973.

An unidentified national survey in 1970 provided data for a retrospective study on the problems of ambivalence and ambiguity in abortion.

Monsour, Karen, and Stewart, Barbara. "Abortion and Sexual Behavior in College Women." *American Journal of Orthopsychiatry* 43 (5, Oct):804-814, 1973.

An interview study of reactions to abortion and experiences of 20 college women.

*Weinstock, Edward, et al. "Abortion Need and Services in the U.S., 1974-1975." *Family Planning Perspectives* 8 (2, Mar/Apr):58-69, 1976.

Summary of a special publication by The Alan Guttmacher Institute entitled *Abortion 1974-75: Need and Services in the United States, Each State and Metropolitan Area*. Data were collected through a nationwide survey of health institutions and physicians in 1974 and first quarter of 1975.

- *Weinstock, Edward, et al. "Legal Abortions in the United States Since the 1973 Supreme Court Decision." *Family Planning Perspectives* 7 (1, Jan/Feb):23-31, 1975.

Analyzes abortion incidence data gathered during 1973 and the first quarter of 1974. Variations between regions, changes in the pattern of service delivery, the extent to which *Roe and Doe* were being implemented and the manner in which health institutions have been responding to the new legal situation were examined.

- "Most Abortions by Suction in 10th Week or Less; Typical Patient Is Young, Unmarried, White, Never-Before Pregnant." *Family Planning Perspectives* 8 (2, Mar/Apr):70-72, 1976.

Summarizes findings from the report, "Abortion Surveillance, Annual Summary 1974," by the Center for Disease Control.

Abortion: Program Planning and Methods

The Alan Guttmacher Institute. *11 Million Teenagers*. Planned Parenthood Federation of America, 515 Madison Avenue, New York, N.Y. 10022, 1976.

A popular fact book about prevalence of adolescent childbearing, existing programs, and needed programs. (Also covers contraceptive programs.)

- Hausknecht, Richard U. "The Termination of Pregnancy in Adolescent Women." *Pediatric Clinics of North America* 19 (3):803-810, 1972.

A general discussion of abortion among adolescents is presented together with suggestions for medical treatment approaches.

- "Abortion: The Continuing Controversy." *Population Bulletin* 28 (4, Aug): entire issue, 1972.

This issue examines the abortion issue from both sides of the controversy. The first part of the article puts abortion in the context of other methods of fertility control and discusses the advantages and disadvantages of the practice for individuals and societies. This is followed by a survey of the different legal systems around the world.

- The Alan Guttmacher Institute. "The Unmet Need for Legal Abortion Services in the United States." *Family Planning Perspectives* 7 (5, Sept/Oct): 224-230, 1975.

This article is a summary of a 1975 Alan Guttmacher Institute monograph (Tietze, Christopher, et al.), *Provisional Estimates of Abortion Need and Services in the Year Following the 1973 Supreme Court Decisions: United States, Each State and Metropolitan Area*. This monograph presents service data on abortions for "each of the nation's Standard Metropolitan Statistics Areas and for the nonmetropolitan areas of each state, according to the types of providers that offered the services (hospital, nonhospital clinic, or private physicians in their offices). The service data are compared to estimates of need for abortion services in each area. These estimates were made by adapting the survey methods developed for family planning to the special requirements of planning for abortion services."

Tietze, Christopher, and Dawson, Deborah. "Induced Abortion: A Factbook." *Reports on Population Family Planning* 14 (Dec) 1973. Population Council, 245 Park Avenue, New York, N.Y. 10017.

Presents an overview of international data on induced abortion, primarily from the demographic and public health points of view. Some effects of changes in abortion policies in various countries also are evaluated.

Wilson, R. *Problem Pregnancy and Abortion Counseling*. Family Life Publications, Inc., Box 2127, Seluda, N.C. 28773, 1973.

A book of readings on suggested methods of counseling in the area of problem pregnancies. Includes chapters on techniques of abortion and contraception, as well as facts about human reproduction. Valuable for the practitioners.

Cohabitation

"Singles Living with Unrelated Member of Opposite Sex Found Fastest Growing Life Style Among Young Adults." *Family Planning Perspectives* 7 (5, Sept/Oct):215, 1975.

Summary of paper by Paul Glick on his analysis of census data with respect to trends in cohabitation.

Macklin, E. "Cohabitation Among Young Couples." In *Current and Future Intimate Life Styles*, edited by B. Murstein. New York: Glencoe Press, forthcoming.

An overview of studies of cohabitation, mainly of college youth.

Contraception

Contraception: Research

Ager, Joel, Shea, Fredericka, and Agronow, Samuel, J. "Comparison of Participants and Dropouts from a Teen Contraceptive Program." Paper presented at the 84th Annual Convention of the American Psychological Association, Washington, D.C., Sept, 1976.

Poor and small sample from a family planning clinic.

Angrist, S. S. "Communication About Birth Control: An Exploratory Study of Freshman Girls' Information and Attitudes." *Journal of Marriage and the Family* 28 (3, Aug):284-286, 1966.

Small random sample re: communication of college women about contraception. Limited usefulness.

Babchuk, Nicholas, and LaCognata, Angelo. "Crises and the Effective Utilization of Contraception." *Marriage and Family Living* 22 (Aug):254-258 (ref. 8), 1960.

Small study of adults; does not apply well to the topic of adolescent contraceptive use in 1976.

Bakker, Cornelius B., and Dightman, Cameron R. "Psychological Factors in Fertility Control." *Fertility and Sterility* 15:559, 1964.

Small study; poor sample; adult subjects.

**Bauman, Karl, and Wilson, Robert. "Contraceptive Practices of White Unmarried University Students: The Significance of Four Years at One University." *American Journal of Obstetrics and Gynecology* 26 (118, Jan 15): 190-194, 1974.

Two random samples of university students in 1968 and 1972 studied regarding contraceptive use.

Blake, R. R., et al. "Beliefs and Attitudes about Contraception Among the Poor." Carolina Population Center Monograph Series, No. 5. University of North Carolina, Chapel Hill, N.C., 1969.

Study of low-income attitudes toward contraception among married couples.

Boyce, John, and Benoit, Cheryl (State University of New York Downstate Medical Center, Brooklyn). "Adolescent Pregnancy." *New York State Journal of Medicine* 75 (6, May):872-874, 1975.

A small, inadequate study with poor sample. Interviewed 250 sexually active urban adolescent girls to determine (a) personal and family characteristics, (b) sexual and contraceptive history, (c) attitude toward out-of-wedlock pregnancies, and (d) future educational and contraceptive plans.

Cobliner, Godfrey W. "Pregnancy in the Single Adolescent Girl: The Role of Cognitive Function." *Journal of Youth and Adolescence* 3 (1):17-29, 1974.

Study of 411 single pregnant adolescents compared to 50 sexually active non-pregnant girls who used contraceptives. Theories offered re: effects of "figurative" stage of cognitive development.

David, Henry. "Unwanted Pregnancies: Costs and Alternatives." In *Demographic and Social Aspects of Population Growth*, Vol. 1, American Future Research Reports, edited by C. F. Westoff and R. Parke, Jr., Washington, D.C., 1972. Pp. 439-466.

Calls for social and psychological research concerning barriers to contraceptive use.

Diamond, Milton, Steinhoff, Patricia, Palmore, James, and Smith, Roy. "A Decision Making Sequence." *Journal of Biosocial Science* 5:347-361, 1973.

Data from questionnaire study of births and abortions, statewide, in Hawaii. All age groups included. Adolescents not considered separately.

Dickens, Helen, et al. "100 Pregnant Adolescents, Treatment Approaches in a University Hospital." *American Journal of Psychiatric Health* 63 (8):794-800, 1971.

An interview study of social treatment needs of adolescent pregnant girls.

- *Finkel, Madelon, and Finkel, David. "Sexual and Contraceptive Knowledge, Attitudes and Behavior of Male Adolescents." *Family Planning Perspectives* 7 (6, Nov/Dec):256-260, 1975.

The only available but small study of contraceptive and sexual attitudes and behaviors of white, black, and Hispanic males.

- **Fox, Greer L. "Sex Role Attitudes as Predictors of Contraceptive Use." Paper presented at the annual meeting of the National Council of Family Relations, Salt Lake City, Utah, Aug. 20-23, 1975.

A theory-based study of contraceptive behavior of a random sample of university male and female students.

- Furstenberg, Frank, Jr., Gordis, Leon, and Markowitz, Milton. "Birth Control Knowledge and Attitudes Among Unmarried Pregnant Adolescents: A Preliminary Report." *Journal of Marriage and the Family* 31 (31):34-42, 1969.

This is an early article of the author's longitudinal study. (See ch. 2.)

- Furstenberg, Frank, Jr. "Birth Control Experience Among Pregnant Adolescents." *Social Problems* 19 (2):192-203, 1971.

An early report of Furstenberg's large study. (See ch. 2.)

- *Goldsmith, S., Gabrielson, M., and Gabrielson, I. "Teenagers, Sex, and Contraception." *Family Planning Perspectives* 4 (1, Jan):32-38, 1972.

Small study of clinic population of sexually active girls: those seeking an abortion, those using contraceptives successfully, and those carrying their pregnancies to term.

- Graves, William L., and Bradshaw, Barbara R. "Early Reconception and Contraceptive Use Among Teenage Girls After an Illegitimate Birth." Paper presented at the Annual Meeting of the American Public Health Association, Nov. 13, 1972.

A small study of contraceptive behaviors of adolescent girls following pregnancy.

- Grinder, Robert, and Schmitt, Sue. "Coed and Contraceptive Information." *Journal of Marriage and the Family* 28 (4, Nov):471-479, 1966.

A small study of contraceptive information of a sample of college students.

- Hobbs, Daniel, Jr., and Townsend, Linda P. "Parent-Adolescent Relations, Adolescent Coital Status and Contraceptive Usage." Paper presented at the National Council of Family Relations, St. Louis, Mo., Oct. 1974.

An elaborate study with a small, poor sample of adolescents.

- ***Kantner, John F., and Zelnik, Melvin. "Contraception and Pregnancy: Experience of Young Unmarried Women in the United States." *Family Planning Perspectives* 5 (1, Winter):21-35, 1973.

(See ch. 2 for description of this large study.)

Lane, Mary, Arceo, Rosalinde, and Sobrero, Aquiles. "Successful Use of the Diaphragm and Jelly by a Young Population: Report of a Clinic Study." *Family Planning Perspectives* 8 (2, Mar/Apr):81-85, 1976.

Study of diaphragm use in the United States involving the experience of 2,168 women who selected this method of contraception at Margaret Sanger Research Bureau over a recent 2-year period.

**Lindemann, Constance. *Birth Control and Unmarried Young Women*. New York: Springer Publishing Company, 1974.

Study of a large nonrandom sample of single women, ages 13-26, regarding contraceptive use. (See ch. 2.)

**Luker, Kristin. *Taking Chances: Abortion and the Decision Not to Contracept*. Berkeley, Calif.: University of California Press, 1975.

(See ch. 2 for a description of this study.)

*MacDonald, A., Jr. "Internal-External Locus of Control and the Practice of Birth Control." *Psychology Report* 27 (1, Aug):206, 1970.

Study of over 500 male and female students at West Virginia University to test effects of "locus of control" scores on premarital sex behavior.

Margolis, Alan, et al. "Contraception After Abortion." *Family Planning Perspectives* 6 (1, Winter):56-60, 1974.

Poor sample of abortion patients; telephone interview re: their subsequent use of contraceptives.

*Miller, Warren. "Psychological Vulnerability of Unwanted Pregnancy." *Family Planning Perspectives* 5 (4, Fall):199-201, 1973.

Largely speculation based on theory and a mainly clinical study of abortion-seeking university students.

*Miller, Warren. "Sexual Attitude Questionnaire: An Instrument for Measuring Two Psychological Dimensions of Sexuality Relevant to Population Growth." Paper presented at Family and Fertility Conference sponsored by the Center for Population Research. National Institute of Child Health and Human Development, 1973.

Describes the development of a sexual attitude questionnaire seeking to measure attitudes of women toward their sexuality and self-perceived degree of satisfaction; includes implications for contraceptive use.

*Miller, Warren. "Female Role Orientation and Reproductive Behavior." Paper presented at meetings of the American Psychiatric Association, Washington, D.C., May 1974.

Study of a random sample of single and married women in several countries with respect to their attitudes toward reproduction and contraception. Study did not investigate attitudes of adolescents, as a separate age group.

Miller, Warren. "Relationships Between the Intendedness of Conception and the Wantedness of Pregnancy." *Journal of Nervous and Mental Disease* 59 (6, Dec):396-406, 1974.

Report of a study with a small sample of white middle-class women with different degrees of "wantedness" of their pregnancies. Adolescents as a special age group not studied.

*Miller, Warren. "Sexual and Contraceptive Behavior." In *Social, Cultural and Behavioral Issues in Obstetrics and Gynecology*, edited by David Youngs and Anke Ehrhardt. Baltimore, Md.: Johns Hopkins Press, forthcoming.

Provides a "descriptive, developmental account of psychological processes retrospectively reported by two groups of women, ages 17 to 26, with respect to their sexual and contraceptive behavior." The sample consisted of two matched groups of white sexually active, young single women—one group applying for abortion and the other group successful contraceptors.

Needle, Richard. "The Relationship Between Sexual Behavior and Ways of Handling Contraception of College Students." Ph.D Dissertation, University of Maryland, College Park, Md., 1973.

Study of a nonprobability sample of 1,642 single male and female university men and women concerning contraceptive use and related variables.

Nettleton, Carol A., and Cline, David W. "Dating Patterns, Sexual Relationships and Use of Contraceptives of 700 Unwed Mothers During a Two Year Period Following Delivery." *American Journal of Orthopsychiatry* 41 (2, Mar):302-303, 1970.

A mailed questionnaire to a poor sample re: contraceptive use of unwed mothers following their pregnancies.

*Paul, Eve W, Pilpel, Harriet F., and Wechaler, Nancy F. "Pregnancy, Teenagers and the Law, 1976." *Family Planning Perspectives* 8 (1, Jan/Feb):16-21, 1976.

Reviews State laws and policies affecting the right of teenagers to obtain sex-related medical care on their own consent.

Rainwater, Lee. *Family Design, Marital Sexuality, Family Size and Contraception*. Chicago: Aldine Publishing Company, 1965.

Study of inadequate samples of white and black couples at various socioeconomic levels. Examines relation of marital "styles" to sexual satisfactions and contraceptive use.

Rainwater, Lee. *And the Poor Get Children*. Chicago: Quadrangle Books, 1960.

An anthropological study consisting of a sample of 46 men and 50 women; explores factors contributing to greater fertility among working-class white couples. Includes courtship behaviors and marriage expectations of respondents when they were younger as well as contraceptive behaviors.

*Reiss, Ira, and Foreman, Harry. "Pre-Marital Contraceptive Usage: A Study and Some Theoretical Explorations." *Journal of Marriage and the Family* 37 (3, Aug):619-632, 1975.

Study of a group of 482 female students in a midwestern university, in terms of contraceptive use and related personal characteristics. Theories and proposals for further research are discussed.

- **Rosen, R. A., Martindale, Hudson, and Martindale, Lois. "Contraception, Abortion, and Self-Concept." Paper presented at the American Sociological Association, Washington, D.C., Sept. 1976.

Methodologically sophisticated study of large sample of women attending problem pregnancy services throughout State of Michigan. (See ch. 2 for review of report by Rosen, Martindale, and Grisdel.)

- **Rosen, R. A., Martindale, Lois, and Grisdel, Margaret. "Pregnancy Study Report." Wayne State University, Detroit, Mich., Mar. 1976.

See summary in chapter 2.

- *Settlage, D., Baroff, S., and Cooper, D. "Sexual Experience of Younger Teen-age Girls Seeking Contraceptive Assistance for the First Time." *Family Planning Perspectives* 5 (4, Fall):223-226, 1973.

A descriptive study of 502 female patients, age 17 and younger, single and never pregnant, interviewed at five contraceptive clinics in the Los Angeles area. Data were collected on age, race, duration of coital activity, previous contraceptive use, birth control methods used, annual family income, emancipation status, and referral source.

- Tunnadine, L. *Contraception and Sexual Life—A Therapeutic Approach*. Philadelphia and Toronto: Tavistock Publications, J. B. Lippincott Company, 1970.

A summary of some basic therapeutic principles in contraceptive counseling, as derived from clinical observations in British clinics.

- Whelan, Elizabeth. "Attitudes Toward Menstruation." *Studies in Family Planning* 6 (4, Apr):106-108, 1975.

Briefly outlines historical Western Orthodox, Jewish, Muslim, and contemporary U.S. women's attitudes toward menstruation and begins to explore their relationship to contraceptive continuation.

- ***Zelnik, M., and Kantner, J. "Sexuality Contraception and Pregnancy Among Young Unwed Females in the U.S." In *Demographic and Social Aspects of Population Growth and the American Future*, Report No. 1, edited by C. F. Westoff and R. Parke, Jr. Government Printing Office, Washington, D.C., 1972.

Report of the large study by the authors. Mostly repeats findings published in *Family Planning Perspectives* (see Kantner, J., and Zelnik, M., "Contraception and Pregnancy: Experience of Young Unmarried Women in the United States." *Family Planning Perspectives* 5 (1):21-35, 1972). (See also ch. 2.)

Contraception: Theory

- *Cvetkovich, George, et al. "On the Psychology of Adolescents' Use of Contraception." *The Journal of Sex Research* 11 (3, Aug):256-270, 1975.

Presents theory that contraceptive use by adolescents is tied to level of cognitive development.

Sandberg, Eugene C., and Jacobs, Ralph D. "Psychology of the Misuse and Rejection of Contraception." *American Journal of Obstetrics and Gynecology* 110 (2):227-242, 1971.

Authors speculate, on basis of a review of 4,000 abortion-seeking patients, what the psychological reasons are for failure to use contraceptives. Age groups not specified. Material seems rather impressionistic.

Contraception: Program Planning and Evaluation

Consortium on Early Childbearing and Childrearing. *Adolescent Birth Planning and Sexuality*. Child Welfare League of America, Inc., 1145 19th Street, N.W., Washington, D.C. 20036, 1974.

A helpful annotated bibliography of some of the program planning and research literature.

Office of Family Planning, California Department of Health. *The Male Role in Family Planning: Conference Proceedings*. Report of a 2-day conference sponsored by the Office of Family Planning of the California Department of Health and Planned Parenthood Affiliates of Alameda-San Francisco and of Sacramento, 1976.

Insightful papers on the need to involve males in family planning programs, together with suggested strategies for ways of doing so.

Gordis, Leon, Finkelstein, Ruth, Fassett, Jacqueline D., and Wright, Betty. "Evaluation of a Program for Preventing Adolescent Pregnancy." *The New England Journal of Medicine* 282 (19):1078-1081, 1970.

*Jaffe, Frederick, and Osofsky, Joy. "Fertility Control Services for Adolescents: Access and Utilization." Paper prepared for Conference on Determinants of Adolescent Pregnancy and Childbearing, May 3-5, 1976. Published in *Family Planning Perspectives* 8 (4, July/Aug):167-183, 1976.

This paper assembles the available data from a number of sources on utilization of contraceptive and abortion services by adolescents.

*Jekel, James F., et al. "Factors Associated with Rapid Subsequent Pregnancy Among School Age Mothers." *American Journal of Public Health* 63 (9, Sept):769-773, 1971.

Assesses effects of two programs for adolescent girls on contraceptive use.

*Jekel, James F., et al. "A Comparison of the Health of Index and Subsequent Babies Born to School Age Mothers." *American Journal of Public Health* 65 (4, Apr):370-374, 1975.

Assesses effects of special program for pregnant adolescents on the health of infants in later births.

Jorgensen, Valerie. "One-Year Contraceptive Follow-Up of Adolescent Patients." *American Journal of Obstetrics and Gynecology* 115 (4):484-486, 1973.

Assesses impact on contraceptive use of a general vs. special adolescent family planning program.

Early Childbearing

Early Childbearing: Research

Bacon, Lloyd. "Early Motherhood, Accelerated Role Transition, and Social Pathologies." *Social Forces* 52 (Mar):333-41, 1974.

Data analysis for 1967 National Survey of Economic Opportunity. Findings may well not apply to adolescents in the 1970's. Difficult to establish clear cause-effect relationship between early motherhood and poverty, low education and marital breakdown, especially for black women.

Baizerman, Michael, Sheehan, Cynthia, et al. "A Critique of the Research Literature Concerning Pregnant Adolescents, 1960-70." *Journal of Youth and Adolescence* 3 (1, Mar):61-75, 1974.

Reviews the trends in this research area with special emphasis on research methodology. Suggestions are made for a stronger empirical base in research. Research needs: 1) explicit theoretical and research models and consensus on variables, 2) prospective longitudinal studies of girls before they become sexually active, 3) program evaluation.

*Baldwin, Wendy. *Adolescent Pregnancy and Childbearing—Growing Concerns for Americans*. (Population Reference Bureau) 31 (2, Sept), 1976.

An excellent popular summary of outstanding facts about early childbearing, its causes and consequences.

Brunswick, Ann F. "Adolescent Health, Sex, and Fertility." *American Journal of Public Health* 61 (4, Apr):711-728, 1971.

An exploratory study of attitudes of black urban male and female adolescents toward sex and health, including pregnancy.

Cutright, Phillips. "Timing the First Birth: Does it Matter?" *Journal of Marriage and the Family* 35 (4, Nov):585-595, 1973.

Secondary analysis of data from 1967 National Survey of Economic Opportunity re: impact of timing of first birth on later marital, educational, poverty, and fertility outcomes.

Keeve, J. P., et al. "Fertility Experience of Juvenile Girls: A Community Wide Ten-Year Study." *American Journal of Public Health* 59 (12, Dec):2185-2198, 1969.

This study deals with girls who had babies prior to age 17 and follows their subsequent pregnancies through age 19, during the decade 1958-67, in order to measure birth rates and cohort fertility patterns in one county.

*Menken, Jane. "Teenage Childbearing: Its Medical Aspects and Implications for the U.S. Population." In *Demographic and Social Aspects of Population Growth*, Research Reports, Vol. 1, edited by C. Westoff. Commission on Population Growth and the American Future, 1970. Pp. 333-353.

A review of relevant data re: the physical effects of early childbearing.

- **Menken, J.** "The Health and Social Consequences of Teenage Child Bearing." *Family Planning Perspectives* 4 (3, July):45-53, 1972.

Discusses teenage child bearing in terms of birth rates, illegitimacy rates, infant mortality, influence of parity, birth intervals, prematurity, and other complications of pregnancy, including social aspects.

- National Center for Health Statistics. "Teenagers: Marriages, Divorces, Parenthood, and Mortality." *Vital and Health Statistics*, Series 21, No. 23, U.S. Department of Health, Education, and Welfare, Washington, D.C., 1974.

Vital statistics re: marriage, divorce, fertility, and mortality rates for adolescents.

- *National Center for Health Statistics.** "Age at Menarche." *Vital and Health Statistics*, Series 11, No. 133. U.S. Department of Health, Education, and Welfare, Washington, D.C., 1973.

Reports on results of National Health Examination Survey in reference to age at menarche of American women, with analyses of variations in age at menarche associated with race, region, family income, population, size of place of residence, educational level, height, weight, and skinfold thickness.

- *Nortman, Dorothy.** "Parental Age as a Factor in Pregnancy Outcome and Child Development." *Reports on Population/Family Planning* (16, Aug), 1974.

Sophisticated analyses of international data show that risks of childbearing for both infants and mothers are lowest at ages 22 to 23. Risks vary for first and later order births and other health factors.

- **Presser, Harriet B.** "Early Motherhood: Ignorance or Bliss?" *Family Planning Perspectives* 6 (Winter):8-14, 1974.

A report of many of the findings of the Presser study. (See ch. 2.)

- **Presser, Harriet B.** "Role and Fertility Patterns." Final report to the National Institutes of Health, Department of Health, Education, and Welfare. Contract No. 1-HD-2038, 1976.

(See ch. 2.)

- Stine, Oscar C. "School Leaving Due to Pregnancy in an Urban Adolescent Population." *American Journal of Public Health* 54 (1, Jan):1-6, 1964.

Based on a study of all birth certificates of infants born to Baltimore residents who were 16 or younger for the years 1957, 1960, and 1961.

- *"Teenage Pregnancies: A Global Problem."** *Science News* 110 (7, Aug 14): 104, 1976.

Article summarizes information from *Population Reports*, July 1976, re: worldwide trends in adolescent childbearing.

- U.S. Bureau of the Census. *Final Report: Population Characteristics*, Series P-20, No. 275. "Women by Number of Children Ever Born." Washington, D.C., 1973.

Early Marriage

Early Marriage: Research

- *Bartz, Karen, and Nye, Ivan. "Early Marriage: A Propositional Formulation." *Journal of Marriage and the Family* 32 (2, May):258-268, 1970.

Review of research and proposal of theory re: early marriage.

- Beyer, Alan E. "Early Dating and Early Marriage." *Journal of Marriage and the Family* 30 (4, Nov):628-632, 1968.

This paper explores the relationships between socioeconomic status (SES), early dating, and early marriage. The data are taken from two sources: the first is a 1960 nationwide study by the American Institutes for Research called "Project Talent," and the second is from a 5-year-later followup of the same group. Finds early marriage is associated with lower SES. Findings may no longer apply to current teenagers.

- Bolton, Jean. "Pressures on Girls." In *Teenage Marriage and Divorce*, edited by Seymour M. Farber and Roger H. L. Wilson. Berkeley, Calif.: Diablo Press, 1967. Pp. 31-37.

Article based on opinions and observation; not research.

- Broderick, Carlfred B. "Going Steady: The Beginning of the End." In *Teenage Marriage and Divorce*, edited by Seymour M. Farber and Roger H. L. Wilson. Berkeley, Calif.: Diablo Press, 1967. Pp. 2-24.

A popular article, with inadequate research references.

- Bumpass, Larry. "Age at Marriage as a Variable in Socio Economic Differentials in Fertility." *Demography* 6 (1):45-54, 1969.

- Burchinal, Lee G. "Adolescent Role Deprivation and High School Age Marriage." *Marriage and Family Living* 21 (4, Nov):373-377, 1959.

Small but sophisticated 1958 study of early-marrying high school girls compared to those who do not marry early.

- Burchinal, Lee G. "Comparisons of Factors Related to Adjustment in Pregnancy-Provoked and Non-Pregnancy-Provoked Youthful Marriages." *Midwest Sociologist* 21 (July):92-96, 1959.

See annotation above.

- Burchinal, Lee G. "Do Restrictive Policies Curb Teen Marriages?" *Educational Executive's Overview* 1 (Mar):72-73, 1960.

A survey of Iowa schools in 1958 tested whether restrictive policies against marriage had any effect on high school marriage rates. Statewide data revealed that the relationship between restrictiveness of high school policy and frequency of marriage was slight.

- Burchinal, Lee G., and Chancellor, Loren E. "Social Status, Religious Affiliation, and Ages at Marriage." Reviewed by M. A. Straus in *Marriage and Family Living* 25 (May):219-221, 1963.

A review of 1953-57 data re: age at marriage in Iowa and relationships to religious denomination, socioeconomic status. Findings may no longer apply.

Burchinal, Lee. "Trends and Prospects for Young Marriages in the United States." *Journal of Marriage and the Family* 27 (2, May):243-254, 1965.

Data are derived from census information from 1910 through 1960. Contrary to commonly held assumptions, the rate of young marriages has remained stable or declined slightly since 1950. Speculations on reasons for trends.

Christensen, Harold. "Child Spacing Analysis Via Record Linkage: New Data Plus a Summing Up from Earlier Reports." *Marriage and Family Living* 25 (Aug):272-280, 1963.

Sums up and compares the five record linkage studies made by Christensen from the 1930's through the early 1960's. The various studies linked marriage, birth, and (sometimes) divorce records.

Delissovoy, Vladimir. "High School Marriages: A Longitudinal Study." *Journal of Marriage and the Family* 35 (2, May):245-255, 1973.

A small study of supposed effects of early marriage.

Eahleman, J. "Mental Health and Marital Integration in Young Marriages." *Journal of Marriage and the Family* 27 (2, May):255-265, 1965.

A 1962 small study of outcomes of early marriage.

Howard, Marion. *Only Human*. New York: Seabury Press, 1975.

Only Human is a fictional account of pregnancy and the first year of parenthood in the lives of three adolescent couples.

Inselberg, Rachel M. "Social and Psychological Factors Associated with High School Marriages." *Journal of Home Economics* 53 (9, Nov):766-772, 1961.

Early-marrying white, urban couples compared with later-marrying ones in a careful study, examining a number of antecedent and consequent variables.

Jurich, Anthony, and Jurich, Julie. "The Lost Adolescence Syndrome." *Journal of Marriage and the Family* 24 (3, July):357-361, 1975.

Authors describe the "lost adolescence" syndrome often found in marriage counseling with early-marrying couples.

Klemer, R. H. "Self-Esteem and College Dating Experience as Factors in Mate Selection and Marital Happiness: A Longitudinal Study." *Journal of Marriage and the Family* 33:183-187, 1971.

A small study in 1956 and 1968, involving personality factors associated with marital happiness.

Moss, Joel, and Gingles, Ruby. "The Relationship of Personality to the Incidence of Early Marriage." *Marriage and Family Living* 21 (4, Nov):373-377, 1959.

A 1957 study of a large sample of Nebraska high school girls in vocational homemaking classes. Scores on personality tests and responses to questionnaires and interviews compared for single and early-marrying respondents.

Moss, Joel. "Teenage Marriage: Cross-National Trends and Sociological Factors in the Decision of When to Marry." *Journal of Marriage and the Family* 27 (2, May):230-242, 1965.

A summary of key findings and theories from papers on teenage marriage for selected countries attending the 8th International Family Research Seminar, Norway, 1963.

**Moss, Joel, Apolonio, Frank, and Jensen, Margaret. "The Premarital Dyad During the Sixties." *Journal of Marriage and the Family* 33 (1, Feb):50-69, 1971.

A review of much of the research during the 1960's concerning dating and courtship behaviors of males and females.

Perrucci, Carolyn Cummings. "Mobility, Marriage and Child Spacing Among College Graduates." *Journal of Marriage and the Family* 30 (2, May):273-282, 1968.

A complex study, not pertaining to adolescents.

Rele, J. R. "Trends and Differentials in the American Age at Marriage." *Milbank Memorial Fund Quarterly* 43 (2, Apr):219-234, 1965.

(See annotation below for Rele study.)

Rele, J. R. "Some Correlates of the Age at Marriage in the United States." *Eugenics Quarterly* (Social Biology) 12:1-6, 1965.

Analysis of data from 1950-61 census reports concerning characteristics of early marriers at those time periods.

Rosenwaike, Ira. "Differentials in Divorce in Maryland." *Demography* 6 (2, May):151-159, 1969.

A record linkage study that ties marriages occurring in the State of Maryland in 1959-66 to divorce risks by race, age at marriage, and previous marital status.

Vincent, Clark E. "Socialization Data in Research on Young Marriers." *Acta Sociologica* 8:118-127, 1964.

Based on a 1954 and 1959 followup study of the measured psychological traits of 1954 high school students. Author presents some psychological and familial data for young and older marriers in order to explore what long-run personality gains and losses are associated with early and late marriages.

Winoh, R. F., and Greer, S. A. "The Uncertain Relation Between Early Marriage and Marital Stability: A Quest for Relevant Data." *Acta Sociologica* 8 (2, Mar/Apr):83-97, 1964.

Discusses three variables upon which marital instability may depend: the socio-economic status of the two people involved, their age at first marriage, and the presence or absence of a supportive extended family. Assertions made regarding

these variables are backed up with fragmentary data gathered from different sources.

Illegitimacy

Illegitimacy: Research

Anderson, Ursula, et al. "The Medical, Social, and Educational Implications of the Increase in Out-of-Wedlock Births." *American Journal of Public Health* 56 (11, Nov):1866-1873, 1966.

This is a local study, now outdated.

Barglow, Peter, et al. "Some Psychiatric Aspects of Illegitimate Pregnancy in Early Adolescence." *American Journal of Orthopsychiatry* 38:672-687, 1968.

Highly specialized, clinical study with small sample (78); no comparison group of nonpregnant girls of same socioeconomic status.

*Bowerman, Charles, Irish, Donald, and Pope, Hallowell. *Unwed Motherhood: Personal and Social Consequences*. North Carolina Institute for Research in Social Science, University of North Carolina, Chapel Hill, N.C., 1966.

A partial report of a large study, reported in a variety of articles. The universe for this sample consisted of illegitimate births during 1960 and 1961 in selected counties of North Carolina. There were 1,700 white and 8,200 nonwhite illegitimate births in those counties for those years. The completed sample included over 1,000 interviews.

Butts, Robert, and Sporakowski, Michael. "Unwed Pregnancy Decisions: Some Background Factors." *Journal of Sex Research* 10 (2, May):110-117, 1974.

Small study; poor sample; comparison of pregnant teenage girls in maternity homes to those in special school programs.

Corrigan, Eileen. "The Child at Home: Child Rearing Practices of the Unwed Mother Compared to Other Mothers." In *Illegitimacy: Changing Services for Changing Times*. New York: National Council on Illegitimacy, 1970. Pp. 54-69.

Report of longitudinal study by Sauber. (See Sauber reference.)

Crumidy, Pearl, and Jacobziner, Harold. "A Study of Young Unmarried Mothers Who Kept Their Babies." *American Journal of Public Health* 56 (8, Aug):1242-1251, 1966.

Small study of desire of adolescent unwed mothers for casework services.

*Cutright, Phillips. "Illegitimacy: Myths, Causes and Cures." *Family Planning Perspectives* 3 (1, Jan):26-48, 1971.

Analysis of large quantities of data, cross-nationally, in attempt to assess possible causes of illegitimacy.

- *Cutright, Phillips. "The Teenage Sexual Revolution and the Myth of an Abstinent Past." *Family Planning Perspectives* 4 (1, Jan):24-31, 1972.

Using secondary sources, hypotheses were developed for causes of rising U.S. rates of illegitimacy.

- Cutright, Phillips, and Galle, Omer. "The Effect of Illegitimacy on U.S. General Fertility Rates and Population Growth." *Population Studies* 27 (3, Nov):515-526, 1973.

Using secondary data from 1967 National Survey of Economic Opportunity, author assesses effects of illegitimacy on the general U.S. fertility rates.

- *Cutright, Phillips. "Illegitimacy: The Prospect for Change." *American Journal of Public Health* 63 (Sept):765-766, 1973.

Analysis of effects of Aid to Families with Dependent Children grants on rates of illegitimacy.

- *Eiduson, Bernice T. "Looking at Children in Emergent Family Styles." *Children Today* V (July/Aug):2-6, 1974.

Many children today are being reared in a lifestyle totally different from the traditional two-parent nuclear family. A U.C.L.A. project is studying children from single mother households, living groups, and social contract marriages to determine the effect of such arrangements on the transmission of values and the child's social behavior, both in preschool and later.

- Furstenberg, Frank F., Jr. "Premarital Pregnancy Among Black Teen-Agers." *Transaction X* (May):52-55, 1970.

This article is a popularized summary of the author's larger research. (See ch. 2.) The publication briefly presents data that challenge the notion that blacks don't care if premarital pregnancies occur and cheerfully accept the pregnancies.

- **Furstenberg, Frank. *Unplanned Parenthood: The Social Consequences of Teenage Child-Bearing*. (The University of Pennsylvania, 1976.) New York: Macmillan Company, 1975. (See ch. 2.)

- *Glick, Paul, and Mills, Karen. "Black Families: Marriage Patterns and Living Arrangements." Paper presented at the W. E. B. Du Bois Conference on American Blacks, Atlanta, Ga., Oct. 3-5, 1974.

Trends in black family patterns, largely based on census data analyses.

- Griswold, Barbara. "Illegitimacy Recidivism Among AFDC Clients." In *Unmarried Parenthood: Clues to Agency and Community Action*. New York: National Council on Illegitimacy, 1967. Pp. 7-23.

A very small clinical study of white and black unmarried mothers with one (or more than one) illegitimate child.

- Gross, Bertram. "The State of the Nation: Social Systems Accounting." In *Social Indications*, edited by R. Bauer. Cambridge, Mass.: MIT Press, 1966.

- *Haney, Allen, and Michielutte, Robert. "Social and Psychological Factors Affecting Fertility, Family Planning and Clinic Utilization." Behavioral Sciences Center of the Bowman Gray School of Medicine, Wake Forest University, Winston-Salem, N.C., 1974.

Complex analysis of data from large 1966-72 studies of women with at least one child in North Carolina and Costa Rica. Examines effects of early and out-of-marriage childbearing on poverty and attitudes toward family life, etc. Information re: contemporary adolescents not available from this study.

- Haney, Allen, and Michielutte, Robert. "Some Consequences of Illegitimacy in a Sample of Black Women." *Journal of Marriage and the Family* 37 (2, May):359-366, 1975.

Similar to 1974 study.

- *Hartley, Shirley Foster. *Illegitimacy*. Berkeley and Los Angeles, Calif.: University of California Press, 1975.

An examination of some of the research related to illegitimacy and of worldwide data concerning birth (legitimate and illegitimate) rates, marriage and abortion rates.

- Meyerowitz, J. H., and Maley, J. "Pubescent Attitudinal Correlates Antecedent to Adolescent Illegitimate Pregnancy." *Journal of Youth and Adolescence* 2 (3):251-258, 1973.

Elaborate but poorly conceptualized study of adolescent attitudes and illegitimacy.

- ***Moore, K., and Caldwell, S. *Out of Wedlock Childbearing*. Washington, D.C.: The Urban Institute, 1977.

An important review of research re: adolescent illegitimacy, together with analyses of macro and micro data sets. (See ch. 2.)

- National Center for Health Statistics. "Poverty and Non-Poverty Areas of 19 Large Cities-U.S., 1969-1971. *Selected Vital and Health Statistics Series* 21, No. 26. U.S. Department of Health, Education, and Welfare. Washington, D.C., 1975.

An analysis of differentials associated with residence in poverty and nonpoverty areas in 19 large cities, 1969-71 (by census tracts): live births, birth by birth weight, legitimacy, prenatal care, education of mother, infant and fetal deaths, and deaths due to tuberculosis and violent causes. By race and, in three cities, Spanish heritage.

- *National Council on Illegitimacy. *The Double Jeopardy, The Triple Crisis*. New York: National Council on Illegitimacy, 1969.

Most of the articles in this volume lack a research basis. The exception is an important study by J. Pakter on the measured personality characteristics of young girls who later become unwed mothers.

- Pannor, Reuben, and Evans, B. "The Unmarried Father: Demonstration and Evaluation of an Assertive Casework Approach." In *Illegitimacy: Data and*

Findings for Prevention, Treatment and Policy Formation. New York: National Council on Illegitimacy, 1965. Pp. 51-64.

A study of unmarried fathers known to a social agency. Many methodological weaknesses in study.

Perlman, H. H. "Unmarried Mothers." In *Social Work and Social Problems*, edited by N. E. Cohen. New York: National Association of Social Workers, Inc., 1964. Pp. 270-320.

A review of much research and theory about the causes and consequences of illegitimacy and the role of social workers. Seriously out of date at present (1977).

Plionis, Betty. "Adolescent Pregnancy: Review of the Literature." *Social Work* 20 (4, July):302-307, 1975.

An uneven review of some research and opinion re: unwed mothers. Oriented toward social work practice.

Pope, Hollowell. "Unwed Mothers and Their Sex Partners." *Journal of Marriage and the Family* 29 (3, Aug):555-567, 1967.

A large but incomplete sample of North Carolina women in a number of counties who had had an illegitimate child in 1960-61. Early courtship behaviors of both white and black women were assessed through interviews with respondents.

Pope, Hollowell. "Negro-White Differences in Decisions Regarding Illegitimate Children." *Journal of Marriage and the Family* 31 (4, Nov):756-764, 1969.

A further report of the Pope study of North Carolina unwed mothers. Followup data are given as to later marriages and attitudes toward marriage.

**Presser, Harriet. "Social Factors Affecting the Timing of the First Child." Paper presented at the Conference on the First Child and Family Formation, Pacific Grove, Calif., Mar. 1976.

(See ch. 2 for a summary of this study.)

Rains, Prudence. *Becoming an Unwed Mother*. Chicago: Aldine Publishing Company, 1971.

A participant-observer study of reactions of white and black teenage girls to their pregnancy. Some were studied in a maternity home and some in programs for pregnant teenage girls. The findings are presented in a generalized narrative format. Much of the text relates to the functioning of maternity homes.

Rainwater, Lee. "Crucible of Identity: The Negro Lower-Class Family." In *The Negro American*. Boston: Houghton Mifflin Co., 1966. Pp. 160-204.

A partial report and interpretation of an anthropological study dealing with results of the Pruitt-Igoe Housing Project research. Describes and analyzes "slum Negro family patterns as these reflect and sustain Negroes' adaptations to the economic, social, and personal situation into which they are born and in which they must live." Broad generalizations seem to exceed the data.

*Rainwater, Lee. *Behind Ghetto Walls, Black Families in a Federal Slum*. Chicago: Aldine Publishing Company, 1970.

A series of articles reporting on the anthropological research of Rainwater and his associates with black families in a St. Louis housing project. Many aspects of adaptive lifestyles and values are described, together with theoretical speculations. Includes attitudes toward illegitimacy, sex, contraception.

Reeder, Leo, and Reeder, Sharon. "Social Isolation and Illegitimacy." *Journal of Marriage and the Family* 31 (3):451-461, 1969.

A 1962-63 study of social isolation of a small multiracial sample of low-income, pregnant women attending six urban clinics. Married and single women compared.

Robbins, Mina-May, and Lynn, David. "The Unwed Fathers: Generation Recidivism and Attitudes about Intercourse in California Youth Authority Wards." *Journal of Sex Research* 9 (4, Nov):334-341, 1973.

Study of a small, biased sample of unwed fathers and single men (all wards of the California Youth Authority).

**Sauber, Mignon. "Life Situations of Mothers Whose First Child Was Born Out of Wedlock: A Follow-Up After Six Years." In *Illegitimacy: Changing Services for Changing Times*. New York: National Council on Illegitimacy, 1970. Pp. 40-53.

An original and 6-year followup interview study of 321 white and black unmarried women bearing first child in New York City in 1962. (See ch. 2.)

Shapiro, Deborah. "Attitudes, Values, and Unmarried Motherhood." In *Unmarried Parenthood: Clues to Agency and Community Action*. New York: National Council on Illegitimacy, 1967. Pp. 52-63.

Small poor sample of black and white unwed pregnant girls. Questionnaire assessed attitudes toward illegitimacy, marriage, motherhood.

Sklar, June, and Berkov, Beth. "The Effects of Legal Abortion on Legitimate and Illegitimate Birth Rates: The California Experience." *Studies in Family Planning* 4 (11):281-292, 1973.

Analysis of California data re: trends in illegitimacy among white and black women and the possible effects of legalized abortions.

Sklar, J., and Berkov, Beth. "Abortion, Illegitimacy and the American Birth Rate." *Science* 185 (4155, Sept 13):909-915, 1974.

Article compares effects of legalized abortion on rates of illegitimacy in States with legal and nonlegalized abortion in 1971.

*Sklar, June, and Berkov, Beth. "Teenage Family Formation in Postwar America." *Family Planning Perspectives* 6 (2, Spring):80-90, 1974.

Analysis of trends in teenage illegitimacy rates from 1940 to 1971. Comparison of rates for white and black females. Discussion of possible causes for trends.

Sklar, June, and Berkov, Beth. "The American Birth Rate: Evidences of a Coming Rise." *Science* 189 (4204, Aug 29):693-700, 1975.

Analysis of California 1974 birth rate leads to speculation that birth rate may rise, nationally, in near future.

Stack, Carol. *All Our Kin: Strategies for Survival in a Black Community*. New York: Harper & Row Publishers, 1974.

An intensive anthropological study of values and behaviors of two low-income, urban, black families.

Ventura, Stephanie J. "Recent Trends and Differentials in Illegitimacy." *Journal of Marriage and the Family* 31 (3, Aug):446-450, 1969.

Analysis of trends in illegitimacy, 1940 to 1966.

Vincent, Clark. "Unmarried Fathers and the Mores: Sexual Exploiter as an Ex Post Facto Label." *American Sociological Review* 25:40-46, 1960.

Study of a 1954 sample of 201 white unwed mothers and their partners. One of the first systematic studies of this subject and one of the first using a sample of women other than those exclusively known to maternity homes.

Vincent, Clark. *Unmarried Mothers*. New York: Free Press, 1961.

A 1954 study of young unmarried mothers compared to a group of single, never-pregnant girls in a California county. Through interviews and psychological tests, it was found that there were no significant differences between the two groups.

*Vincent, Clark, Haney, Allen, and Cochrane, Carl. "Familial and Generational Patterns of Illegitimacy." *Journal of Marriage and the Family* 31 (4, Nov):659-667, 1969.

Report of some of the data from the large North Carolina study. (See ch. 2.) Article explores association between poverty and illegitimacy and intergenerational incidence of illegitimacy.

Von der Ahe, Clyde V. "The Unwed Teenage Mother." *American Journal of Obstetrics and Gynecology* 104 (May):279-287, 1969.

Questionnaire study of a small and poor sample of single pregnant girls in four maternity homes. Conclusions appear to exceed the data.

Author not listed. "Illegitimacy Among White Teens Rising Again While Black Illegitimacy Continues to Decline." *Family Planning Digest* 3 (6, Nov):4-5, 1974.

Article is a summary of "Teenage Family Formation in Postwar America." Paper presented by J. Sklar and B. Berkov at the Annual Meeting of the Population Association of America, 1974.

Author not listed. "Family Allowance Programs and AFDC Do Not Encourage Childbearing; They Appear to Lower Family Size Desires." *Family Planning Perspectives* 7 (5, Sept/Oct):213-214, 1975.

A brief summation of selected aspects of the Hohm and Presser/Salsberg studies re: the effects of welfare programs on fertility rates.

Illegitimacy: Clinical Studies

LaBarre, Maurine. "Emotional Crises of School-Age Girls During Pregnancy and Early Motherhood." *American Academy of Child Psychiatry Journal* 11 (July/Oct):537-557, 1972.

A clinical study of 71 adolescents enrolled in a special school for pregnant girls.

Lieben, Florence. "Minority Group Clinic Patients Pregnant Out of Wedlock." *American Journal of Public Health* 59 (10, Oct):1868-1881, 1968.

A small, methodologically weak, clinical study.

Pannor, Reuben. *The Unmarried Father*. New York: Springer Publishing Company, Inc., 1971.

Primarily case studies, including measured psychological characteristics of a poor sample of unmarried fathers and mothers and of the judged effects of casework services.

Illegitimacy: Theory and Opinion

Billingsley, Andrew. "Illegitimacy and the Black Community." In *Illegitimacy: Changing Services for Changing Times*. New York: National Council on Illegitimacy, 1970. Pp. 70-85.

Discussion of various forms of the black family.

Derbyshire, Robert. "The Uncompleted Negro Family. Suggested Research into the Hypotheses Regarding the Effect of the Negro's Outcast Conditions Upon His Own and Other American Sexual Attitudes and Behavior." *Journal of Human Relations* 15 (4):458-468, 1967.

Speculations on reasons for higher illegitimacy rates among blacks.

Giovannoni, Jeanne. "Ethnic Variation in the Care and Protection of Children of Single Parents." In *Illegitimacy: Changing Services for Changing Times*. New York: National Council on Illegitimacy, 1970. Pp. 86-98.

Using rather weak data, author holds that child neglect and abuse are not directly related to illegitimacy but to overall family instability and defects in the social systems.

Goode, W. "Illegitimacy, Anomie and Cultural Penetration." *American Sociological Review* 26 (6, Dec):909-925, 1961.

Theories of impact of culture on illegitimacy.

Zelnik, Melvin, and Kantner, John. "U.S.: Exploratory Studies of Negro Family Formation Factors Relating to Illegitimacy." *Studies in Family Planning* 60 (Dec):5-9, 1970.

This article attempts to provide information related to Negro fertility. Authors conclude there is no theory that is sufficiently dynamic to account for the changes in illegitimacy rates during the 1960's.

Premarital Pregnancy

Premarital Pregnancy: Research

Christensen, Harold. "Studies in Child Spacing: Premarital Pregnancy as Measured by the Spacing of the First Birth from Marriage." *American Sociological Review* 18 (Feb):53-59, 1953.

An early study of incidence of premarital pregnancy.

*Christenson, Harold. "Cultural Relativism and Premarital Sex Norms." *American Sociological Review* 25:31-39, 1960.

Comparison of premarital pregnancy rates in three regions, designated as conservative, average, and liberal in norms re: premarital sex behavior. Includes an analysis of effects of premarital pregnancies on divorce.

Christensen, Harold. "Timing of First Pregnancy as a Factor in Divorce: A Cross-Cultural Analysis." *Social Biology* 10:119-129, 1963.

Largely a repeat of earlier Christensen article on this subject.

Christensen, Harold, and Gregg, Christina. "Changing Sex Norms in America and Scandinavia." *Journal of Marriage and the Family* 32 (4, Nov):616-627, 1970.

Largely a repeat of *American Sociological Review* article by Christensen.

**Coombs, L., and Freedman, R. "Pre-Marital Pregnancy, Childspacing and Later Economic Achievement." *Population Studies* 24 (Nov):389-412, 1970.

Part of the large Detroit area interview survey (1962-63) of white married women. Premaritally pregnant compared to other families in terms of fertility, education, occupation, and financial outcomes.

Coombs, L., and Freedman, R. "Premarital Pregnancy and Status Before and After Marriage." *American Journal of Sociology* 75 (5, March):800-820, 1970.

Another article on the Detroit area study. (See preceding page for reference.)

Gabrielson, Ira W., et al. "Suicide Attempts in a Population Pregnant as Teenagers." *American Journal of Public Health* 60 (12, Dec):2289-2301, 1970.

A small study of suicide attempts among pregnant adolescents.

**Gagnon, J., and Simon, W. "Youth, Sex and the Future." *Youth and Contemporary Society*, edited by David Gottlieb. Beverly Hills: Sage Publications, 1973. Pp. 211-250.

A preliminary report of nationwide and Illinois studies of premarital sex behavior of adolescents and youth.

Hatcher, Sherry L. "The Adolescent Experience of Pregnancy and Abortion: A Developmental Analysis." *Journal of Youth and Adolescence* 2 (1, March):53-102, 1973.

A small study of single pregnant adolescents at different age levels regarding their attitudes toward their pregnancy.

Lowrie, Samuel H. "Early Marriage: Premarital Pregnancy and Associated Factors." *Journal of Marriage and the Family* 27 (1, Feb):48-56, 1965.

Large sample in an Ohio county (only 45 percent of sample reached); attempt to learn antecedents and effects of premarital pregnancy.

Monahan, Thomas P. "Premarital Pregnancy in the United States, A Critical Review and Some New Findings." *Eugenics Quarterly* 7 (3, Sept):133-147, 1960.

Study based on 1954 records of domestic discord in the Philadelphia Municipal Court. Links assessed between premarital and later marital conflict. Findings may now be out of date.

Mudd, Emily H., Dickens, Helen O., Ramon-Garcia, Celso, Tomad, Karen, and Wright, David. "Marriage, Sexuality and Family Planning Among Pregnant Black Adolescents." *American Journal of Orthopsychiatry* 41 (2, Mar):302-303, 1971.

An interview study of the feelings and attitudes as well as behavior of 100 black, urban, single, pregnant teenagers.

Analyses of secondary data from a large California health service. Impact of the long-term consequences of adolescent childbearing is assessed in terms of (a) effects on health and cognitive development of children of these mothers at ages 5 and 9-11 and (b) marital stability and parental education and occupation.

Whelan, Elizabeth Murphy. "The Temporal Relationship of Marriage, Conception, and Birth in Massachusetts." *Demography* 9 (3, Aug):399-414, 1972.

Analyses of data re: timing of first births in relation to marriage in Massachusetts.

***Zelnik, Melvin, and Kantner, John. "The Resolution of Teen-Agers' First Pregnancies." *Family Planning Perspectives* 6 (2, Spring):74-80, 1974.

Report of some of the findings from the investigators' large national study. This article deals with interracial differences in rates of premarital conception and use of abortion, marriage, and adoption to resolve premarital pregnancies. (See ch. 2.)

Premarital Sex Behavior

Premarital Sex Behavior and Attitudes: Research

Arafat, Ibtihaj, and Yorburg, Betty. "Drug Use and the Sexual Behavior of College Women." *Journal of Sex Research* 9 (1, Feb):21-29, 1973.

A small study of drug use and sexual activity on a college level.

*Bauman, Karl, and Wilson, Robert. "Sexual Behavior of Unmarried University Students in 1968 and 1972." *Journal of Sex Research* 10 (4, Nov):327-333, 1974.

Study in 1968 and 1972 of random sample of students at one university re: incidence of premarital coitus.

*Bell, Robert, and Chaskes, Jay. "Premarital Sexual Experience Among Coeds, 1958 and 1968." *Journal of Marriage and the Family* 32 (1, Feb):81-84, 1970.

A 1968 replication of a study done in 1958 concerning premarital sexual behavior and attitudes, using the same questionnaire at an urban university.

Broderick, Carlfred. "Social Heterosexual Development Among Negroes and Whites." *Journal of Marriage and the Family* 27 (2, May):200-203, 1965.

Large sample of adolescents, 5th through 12th grades re: incidence of some sex attitudes and behaviors. Some helpful data comparing males to females, whites to blacks.

Brown, Sarah, Lieberman, James, and Miller, Warren. "Young Adults as Partners and Planners: A Preliminary Report on the Antecedents of Responsible Family Formation." Paper presented at the 103d Annual Meeting of the American Public Health Association (APHA), Chicago, Ill., 1975.

An early report of the three-site APHA study of adolescent sex behaviors and attitudes, including contraceptive use.

*Cannon, Kenneth, and Long, Richard. "Premarital Sexual Behavior in the Sixties." *Journal of Marriage and the Family* 33 (1, Feb):37-49, 1971.

This literature review covers the focus and development of premarital research concerning premarital sex behavior during the 1960's. Discussion of major theories and findings.

*Carns, Donald. "Talking About Sex: Notes on First Coitus and the Double Sexual Standard." *Journal of Marriage and the Family* 35 (4, Nov):677-688, 1973.

Analysis of some of the data concerning sex premarital behaviors from a national survey of a sample of university and college students, carried out by the National Opinion Research Center under direction of the Institute of Sex Research.

Croake, James, and James, Barbara. "A Four Year Comparison of Premarital Sexual Attitudes." *Journal of Sex Research* 9 (2, May):91-96, 1973.

Article reports on attitudes of students in 1968 and 1972 re: sexual behavior. The same colleges were not surveyed in 1972.

Clayton, R. R. "Religious Orthodoxy and Premarital Sex." *Social Forces* 47 (4, June):469-474, 1969.

A study of premarital sex behavior and attitudes of students in a private, Southern, coeducational Protestant college.

***Cvetkovich, George, and Grote, Barbara. "Antecedents of Responsible Family Formation: Final Progress Report." Paper presented at the American Public Health Association, New York, Nov. 1975.

(See review of major studies, ch. 2.)

D'Augelli, Judith, and Cross, Herbert. "Relationship of Sex Guilt and Moral Reasoning to Premarital Sex in College Women and Uncouples." *Journal of Consulting and Clinical Psychology* 43 (1, Feb):40-47, 1975.

Small study of college students re: relation of level of moral development to sex behavior and attitudes.

Finger, Frank W. "Changes in Sex Practices and Beliefs of Male College Students: Over 30 Years." *Journal of Sex Research* 11 (4, Nov):304-317, 1975.

Compares the sex beliefs and practices of a sample of male college students, surveyed during the years 1967-73, with the results of a similar study made in 1943-44.

Freedman, Mervin. "The Sexual Behavior of American College Women: An Empirical Study and an Historical Survey." *Merrill-Palmer Quarterly* 11 (1, Jan):33-47, 1965.

A small study of a sample of university women in the freshman and senior years concerning premarital sex behavior and measured personality characteristics.

*Gebhard, Paul, Pomeroy, Wardell, Martin, Clyde E., and Christensen, Cornelia V. *Pregnancy, Birth and Abortion*. New York: Harper & Row Publishers, 1958.

Analysis of findings from the Kinsey study for white and black women. (See ch. 2.)

Goode, E. "Drug Use and Sexual Activity on a College Campus." *American Journal of Psychiatry* 128:1272-1276, 1972.

A methodologically weak study with poor sample.

Grote, Barbara. "Sexual Attitudes and Behaviors of Four Groups of Adolescent Women." Paper presented at the 84th Annual Convention of the American Psychological Association, Washington, D.C., Sept. 1976.

Part of the larger Cvetkovich and Grote Study. (See ch. 2.)

Hampe, Gary, and Ruppel, Howard, Jr. "The Measurement of Premarital Sexual Permissiveness: A Comparison of Two Guttman Scales." *Journal of Marriage and the Family* 36 (3, Aug):451-463, 1974.

Primarily an exploration in attitude research instruments.

Hatch, Gary L. *Factors Involved in Attitudes Towards Patterns of Affection on College Campuses in Utah*. Ph.D. Dissertation, Brigham Young University, Provo, Utah, 1973.

A small, theory-based study of attitudes of Mormon students toward premarital sex behavior.

Heltaley, Mary, and Broderick, Carlfred. "Religiosity and Premarital Sexual Permissiveness: Re-Examination of Reiss's Traditionalism Proposition." *Journal of Marriage and the Family* 31 (3, Aug):441-443, 1969.

A large study of college students regarding sex attitudes.

Hunt, Morton. *Sexual Behavior in the Seventies*. Chicago: Dell Publishing Company, 1974.

A poor national sample and questionable study methods; most of data do not readily apply to contemporary adolescents. (See ch. 2.)

Jackson, Erwin, and Potkay, Charles. "Pre-College Influences on Sexual Experiences of Coeds." *Journal of Sex Research* 9 (2, May):143-149, 1973.

Study of a sample of college women living in dormitories in a midwest university. Incidence and variables related to premarital coitus.

Jedlicka, Davor. "Sequential Analysis of Perceived Commitment to Partners in Premarital Intercourse." *Journal of Marriage and the Family* 37 (2, May):385-390, 1975.

Questionnaire study of sample of students at University of Hawaii. Attempts to assess degree of commitment and sex behavior in peer relationships.

***Jessor, Shirley, and Jessor, Richard. "Maternal Ideology and Adolescent Problem Behavior." *Developmental Psychology* 10 (2):246-254, 1974.

Report on one aspect of the longitudinal Jessor and Jessor study. (See ch. 2.)

***Jessor, Shirley, and Jessor, Richard. "Transition from Virginity to Non-Virginity Among Youth: A Social-Psychological Study Over Time." *Developmental Psychology* 11 (4):473-484, 1975.

An important longitudinal study of premarital sex behavior of adolescents. (See ch. 2.)

Jones, Phillip H., Tillack, Warner S., Melton, Robert J., and Smith, Jack C. "Pregnancy Among High School Students." *Health Services Reports* 88 (2, Feb):187-192, 1973.

A small study comparing pregnant and nonpregnant high school girls.

Jurich, Anthony, and Jurich, Julie. "The Effect of Cognitive Moral Development Upon the Selection of Pre-Marital Sexual Standards." *Journal of Marriage and the Family* 36 (4, Nov):736-741, 1974.

Small study of college women, their attitudes toward sex behavior, and their levels of moral development.

Kaats, Gilbert R., and Davis, Keith E. "The Dynamics of Sexual Behavior of College Students." *Journal of Marriage and the Family* 32 (3, Aug):390-399, 1970.

A 1967 study of sexual attitudes and behaviors of students in two introductory psychology classes.

Kanin, Eugene. "Premarital Sex Adjustments, Social Class and Associated Behaviors." *Journal of Marriage and the Family* 22 (3, Aug):258-262, 1960.

A retrospective study of premarital sex behaviors of wives of college students.

Kanin, Eugene. "An Examination of Sexual Aggression as a Response to Sexual Frustration." *Journal of Marriage and the Family* 29 (3, Aug):428-433, 1967.

A study of 400 sexually aggressive males at a midwest university.

**Kantner, John. "Coming of Age in America." Paper presented at the National Institute of Child Health and Human Development (NICHD), Bethesda, Md., In *Causes and Consequences of Adolescent Childbearing*, U.S. Department of Health, Education, and Welfare, forthcoming.

Further analysis of some of data obtained from large Kantner and Zelnik study. (See ch. 2.)

***Kantner, John, and Zelnik, Melvin. "Sexual Experience of Young Unmarried Women in the United States." *Family Planning Perspectives* 4 (4, Oct): 9-17, 1972.

(See ch. 2 for description of this study.)

*Kinsey, A., Pomeroy, W., and Martin C. *Sexual Behavior in the Human Male*. Philadelphia: W. B. Saunders Company, 1948.

(See ch. 2 for a description of this study.)

*Kinsey, Alfred, Pomeroy, W., Martin, C., and Gebhard, P. *Sexual Behavior in the Human Female*. Philadelphia: W. B. Saunders Company, 1953.

(See ch. 2 for a description of this study.)

Konopka, Gisela. *The Teenage Girl*, No. 26. New York State Division for Youth, Albany, N.Y., 1967.

An interview study of a sample of adolescent girls.

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Reevy, William R. "Adolescent Sexuality." In *Human Sexual Development: Perspectives in Sex Education*, edited by Don Taylor. Philadelphia: F. A. Davis Company, 1970.

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***Reiss, Ira L. *The Social Context of Premarital Sexual Permissiveness*. New York: Holt, Rinehart & Winston, 1967.

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Report of some findings from the authors' earlier national study of college youth and Illinois study of white adolescents. Includes analyses of factors correlated with having premarital coitus and differences in attitudes of males and females.

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Review of four studies of premarital sex behavior and attitudes. Prediction that double-standard attitudes will continue to decline.

**Sorensen, Robert. *Adolescent Sexuality in Contemporary America*. New York: World Publishing Co., 1973.

A national study of adolescent sex behaviors and attitudes. Many methodological flaws but useful insights. (See ch. 2.)

**Spanier, Graham. "Sexual Socialization and Premarital Sexual Behavior: An Empirical Investigation of the Formal and Informal Sex Education." Ph.D. Dissertation, Northwestern University, Chicago, Ill., 1973.

Sophisticated analysis of some of the data from the 1967 Institute of Sex Research study with a national probability sample of college students. A number of hypotheses tested to assess developmental variables significantly related to participation in premarital sexual intimacies. Comparison of males and females. An unusually useful study in its examination of antecedents to premarital coitus among adolescents.

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A further report of the Spanier study. (See above.)

*Staples, Robert. "Black Sexuality." In *Sexuality and Human Values*, edited by Mary S. Calderone. New York: Association Press, 1974. Pp. 62-70.

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Premarital Sex Behavior: Theory and Opinion

Gadpaille, Warren. "Adolescent Sexuality: A Challenge to Psychiatrists." *Journal of the American Academy of Psychoanalysis* 3 (2, Apr):163-177, 1975.

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Theories about differences in male-female heterosexual adolescent development.

Gagnon, John, and Simon, William. "Youth, Sex, and the Future." In *Youth in Contemporary Society*, edited by Dave Gottlieb. Beverly Hills: Sage Publications, 1973. Pp. 211-250.

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Gilligan, Carol. "Sexual Dilemmas at the High School Level." In *Sexuality and Human Values*, edited by Mary S. Calderone. New York: Association Press, 1974. Pp. 98-110.

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Maddock, James W. "Sex in Adolescence: Its Meaning and Its Future." *Adolescence* 8 (31):325-342, 1973.

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Premarital Sex Behavior: Surveys

*"Playboy's Student Survey." *Playboy* 17 (9, Sept):182-240, 1970.

A survey of a representative national sample of college students. Includes items re: incidence of premarital coitus, drug use, attitudes toward abortion, and other social issues.

*"Playboy's Student Survey: 1971." *Playboy* 18 (9, Sept):118-216, 1971.

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*"Playboy's Student Survey." *Playboy* 23 (11, Oct):128; 160-169, 1976.

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